Description of Supported Employment Practices, Cross-System Partnerships, and Funding Models of Four Types of State Agencies and Community Rehabilitation Providers

July 2012

Rehabilitation Research and Training Center (RRTC) on Vocational Rehabilitation
Institute for Community Inclusion at the University of Massachusetts Boston
in partnership with InfoUse, Berkeley California

VR-RRTC.org

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EXECUTIVE SUMMARY

In 2005, the National Institute on Disability and Rehabilitation Research (NIDRR) awarded the VR Rehabilitation Research and Training Center (RRTC) to the Institute for Community Inclusion (ICI) at the University of Massachusetts Boston and its partners, InfoUse in Berkeley, California and the Center for the Advancement and Study of Disability Policy. In 2010, NIDRR provided supplemental funds to the ICI so that the VR-RRTC could include a focus on the provision of supported employment (SE) services. This SE research would focus on vocational rehabilitation (VR) agency partnerships with other state entities, and sources and models for long-term funding (extended services). The design called for embedding supported employment questions in ongoing surveys of multiple state agencies and case studies of SE coordination and funding models in several states to illuminate issues identified through these surveys.

Accordingly, the ICI included an SE module into ongoing surveys of four state agencies known to deliver public employment services to people with disabilities. These surveys and the response rates achieved for each included: a) the state VR agency (89 percent); b) the state intellectual and developmental disability (IDD) agency (82 percent); c) the state mental health (MH) agency (55 percent); and d) the state welfare agency (47 percent).1 The SE supplement also included additional analysis of data obtained from an ongoing survey of community rehabilitation programs (CRPs) relevant to supported employment (37 percent response rate).

The ICI then conducted case studies of SE partnerships in five states. These case studies were designed to help us better understand the range of practices that VR systems might use to ensure more successful transitions to long-term support through other resources. This report presents the findings from the SE supplement, the central focus of which was to identify the role and impact of VR agencies within the larger SE delivery system. The remainder of this executive summary highlights the findings in three areas the supplement was designed to address: providers of SE services, SE partnerships, and SE funding.

Providers of Supported Employment

Supported employment services, including both short-term and longer-term supports, are provided primarily through state VR agencies, state MH agencies, and state IDD agencies. SE services are also provided through CRPs, typically with funding provided from or through one or more of these three state agencies. One of the issues identified through the SE supplement is the variability that exists among state VR agencies and their partners in how SE is interpreted.

For example, it is clear from the state VR agency survey responses that considerable variability exists across agencies with respect to the overall emphasis placed on SE and how SE is defined. Fifty-nine agencies provided data in response to a survey item asking for the number of individuals with a SE outcome in the most recent fiscal year, with a mean of 331 individuals exiting VR with SE outcomes and a range of 0–3,116. Two state VR Blind agencies entered "0" for the question including Idaho and South Carolina blind. Note: Guam subsequently entered "0" during drafting of this report. Only four agencies (6 percent) reported having a minimum hourly work requirement for an SE outcome, while 59 percent

[1] The survey of state Welfare agencies indicated little to no involvement in SE systems and so these data are only briefly summarized in the body of the report.

reported having a minimum hourly wage requirement for an SE outcome, which in all cases was equivalent to the federal or state minimum hourly wage.

The VR survey asked respondents to indicate the types of employment settings the VR agency accepted as an SE outcome. Virtually all reported that individual SE placements and transitional employment for people with mental illness were included. Eighty-four percent of VR agencies also reported accepting some forms of "self-employment" as an SE outcome. Far less frequently reported as acceptable SE outcomes were mobile work crews (44 percent), enclaves (33 percent), time-limited work experience (internships) (13 percent), and facility-based work (3 percent or 2 agencies).

The MH agency survey asked respondents to identify the different types of employment services that they provide to their clients. Individual SE, reported by 80 percent of all respondents, was the most frequent employment service setting provided by MH agencies. Other frequently reported employment service settings provided by MH agencies included competitive employment with time-limited supports (63 percent), transitional employment (57 percent), self-employment (37 percent), and facility-based employment (31 percent).

Of the 3,551 CRPs included in the sample, 1,309 (37 percent) responded to the survey and 88 percent of these CRPs reported providing some form of employment services. Of these CRPs, 83 percent reported providing individual supported employment services, the most frequent type of employment service reported. Less than half of responding CRPs reported providing group models of SE, including enclaves (42 percent) and mobile work crews (39 percent). Only 22 percent reported providing transitional employment for people with mental illness. Other types of employment services reported by a majority of CRPs included competitive employment with time-limited supports (70 percent) and facility-based employment (65 percent).

Among those CRPs that provided individual supported employment over the past three years, 40.6 percent reported an increase in the number of people served in this employment setting, while 29.9 percent reported the number served had remained about the same and 28.5 percent reported that the number had decreased. One percent reported that the service had been discontinued. CRPs were asked if they served individuals funded from the state VR agency, and 73 percent of those CRPs that provided individual SE reported serving individuals from VR, while only 47 percent of the CRPs that did not provide individual SE served individuals funded by VR. Overall 60 percent of CRPs provided individual SE to VR-funded individuals. Data analyses indicate that the proportion of CRPs serving VR-funded individuals increases as individual SE services increase.

Partnerships: Coordination and Collaboration in Providing SE Services

SE is by definition an employment service outcome that requires a collaborative approach, with VR frequently providing the short-term funding needed for an individual to achieve job stability and other state agencies then providing the funding (through various sources) for extended supports. By regulation, state VR agency provision of SE services is limited to 18 months (with exceptions allowable under special circumstances). State VR agencies are required to enter into one or more written cooperative agreements or memoranda of understanding with other state agencies and/or other available funding sources to ensure a collaborative approach to the provision of SE services (34 CRF 363.50). Most often these agreements are developed between the VR agency and state IDD agencies and/or MH

agencies, although some VR agencies also have agreements with state or local education agencies, or with post-secondary institutions.

The SE module to the state VR agency survey included a number of items intended to obtain information on the nature and extent of partnerships established between VR agencies and other state and local entities. The purpose of these partnerships is to ensure a smooth transition from short-term VR-funded services to ongoing SE supports, or extended services.

One survey item asked VR agencies to indicate those state and local agencies with which they had established formal written agreements to *coordinate funding and/or service delivery for SE extended services*. Forty-one percent of the responding VR agencies indicating having such an agreement with the state MH agency, 36 percent with the state IDD agency, 23 percent with local MH agencies, and seven percent with "other agencies." Interestingly, 44 percent of respondents reported "none of these agencies," suggesting that the agreements that are required by regulation may not specifically address the coordination of extended service delivery and funding.

The VR survey also asked agencies to report the types of mechanisms used to "assure continuity of SE extended service delivery by providers, as the funding source shifts from VR to another entity." The mechanisms most often reported included (1) a specific funding commitment via a purchase order, requisition, etc., and based on individual customers (18 of 66 agencies or 27 percent); (2) a verbal promise /statement by the provider as documented in the case record (18 agencies); (3) statewide interagency agreements (17 agencies); and (4) VR counselor discretion (14 agencies).

The state MH and IDD surveys also queried respondents about coordination with VR to ensure continuity of service delivery as funding shifts from VR to their agency. To establish a context for this information, these surveys also asked partner agencies to report the number of persons who exited VR services into SE for whom they provided ongoing supports. A majority of both state MH agencies (60 percent) and state IDD agencies (62 percent) were unable to report these data. The average number of individuals reported by the 11 state MH agencies who were able to provide this number was 572 people who exited VR into SE for whom they provided ongoing supports. The 15 state IDD agencies able to provide these data reported an average of 315 individuals who exited VR into SE for whom they provided ongoing employment supports.

Twenty-two of 30 responding state MH agencies (73 percent) reported having a designated staff person responsible for coordinating employment services including SE, and 22 state MH agencies (70 percent) reported coordinating the delivery of post-employment supports with state VR agencies. The specific mechanisms most often used to implement such coordination between MH and VR included (1) informal communication between MH and VR (14 MH agencies); (2) joint coordination between MH and VR that specifies to what extent there is formal collaboration prior to a shift in funding (10 MH agencies); and (3) statewide interagency agreements (9 MH agencies). Asked to indicate which of these mechanisms they believed most effective in ensuring continuity of service delivery, five state MH agencies reported coordination that specifies the extent of formal collaboration prior to a shift in funding, and four state MH agencies reported informal communication between MH and VR.

State IDD agencies were asked analogous questions regarding coordination of service delivery between state VR agencies and their agency. Twelve of 42 responding state IDD agencies (28 percent) indicated having a staff person responsible for coordinating post-VR extended employment supports. In the IDD survey, respondents were also asked to identify mechanisms used to coordinate with VR to ensure

continuity of service as funding shifts from VR to their agency, and they were asked to report separately for individuals receiving services prior to VR and for individuals not receiving IDD services prior to VR. A higher percentage of IDD agencies reported using each type of mechanism for coordination for individuals receiving their services prior to entry into VR than for individuals not receiving their services prior to VR.

The most frequently reported means of coordination with VR included: (1) informal communication between the two agencies (94 percent for individuals receiving services prior to VR and 70 percent for others); (2) joint coordination that specified the extent of formal collaboration prior to shift in funding (55 and 48 percent); (3) IDD case manager discretion (60 and 43 percent); and (4) statewide interagency agreement (55 and 32 percent). Asked to identify the most effective means of coordination to ensure continuity of services as funding shifts from VR to their agency, 15 IDD agencies identified statewide interagency agreement and ten responded "not able to determine."

State MH and IDD agencies were also asked to indicate mechanisms used to coordinate with contracted CRPs or other employment service providers to ensure continuity of service delivery as funding shifts from the state VR agency to their agency. The specific mechanisms most often reported by state MH agencies included contracts or cooperative agreements with the CRPs that specify the type of ongoing supports to be provided (8 agencies) and specific funding commitments to the provider via a purchase order based on the individual's need (8 agencies), followed by informal communication from a MH line staff person (7 agencies), formal communication from a MH line staff person (5 agencies), and a verbal promise by the provider as documented in the case record (4 agencies). However, more state MH agencies reported "none of the above" (9 agencies) than any one specific means of coordination with CRPs.

State IDD agencies were asked to report how they coordinated with CRPs for individuals receiving IDD agency support prior to VR and for individuals not receiving their support prior to VR. As was true with coordination with the VR agency, more IDD agencies reported use of each means of coordination for individuals receiving agency support prior to VR than for other individuals. The most frequent means of coordination with CRPs reported included (1) formal communication from the IDD case manager (61 and 45 percent); (2) specific funding commitment to the CRP based on individual needs (58 and 41 percent); (3) informal communication from the IDD case manager (62 and 41 percent); and (4) cooperative agreement or contract with the CRP (60 and 31 percent).

Although many state VR agencies have cooperative agreement or MOUs in place with state MH and/or IDD agencies, these typically serve as statements of general principles rather than functioning as operational policies. Similarly, while many state IDD and MH systems have an "employment coordinator," it is not unusual for that individual to have other major responsibilities, and they may not spend much time on employment issues, with or without VR involvement. The practical implications of how formal agreements and partnerships actually function is based on the funding available, the personality of key players at state and local levels, the degree of interest in employment of partner agencies, and other factors. The five states in which we conducted case studies offered a variety of examples of how SE partnerships actually operate in practice and demonstrate considerable variability in how the transition from VR to partner agencies actually occurs in different states.

For example, the Maryland Department of Rehabilitation Services (DORS) has longstanding partnerships and current formal agreements in place with both the Mental Hygiene Administration (MHA) and the Developmental Disabilities Administration (DDA), who are the major providers of long-term support in the state. DORS provides best practice guidance under its SE regulations as to the

determination of "stability" so that transition to extended services can be accomplished. For individual SE, transition is appropriate if the individual requires hours of intensive intervention/assistance that equals 25 percent or less of the hours the individual is working and if the person has reasonably met all of the objectives under the IPE. For group models (fewer than 8 people in a group), transition occurs when the individual has acquired at least 75 percent of the skills that he or she was targeted to learn and has reasonably met all of the objectives on the IPE. Group models do not apply to individuals in evidence-based SE. An individual must be transitioned to extended services if the individual is receiving 25 percent or less of hours of intervention over a 60-day period. (Note: the determination of whether the job placement meets the definition of "competitive" in terms of wages/benefits is made at the time of transition to extended services.)

Maryland is a site for the Johnson and Johnson Dartmouth Collaborative on implementing evidence-based supported employment, which has as its goal assisting the state VR and MH agencies with increasing employment outcomes for individuals with psychiatric disabilities. Notable aspects of the partnership between DORS and MHA include: (1) commitment to and support of the partnership at all levels of both agencies; (2) expedited VR eligibility, so that eligibility for MHA employment automatically qualifies for VR eligibility, with anyone referred to MHA for employment concurrently referred to DORS; and (3) braided funding, whereby MHA provides some initial planning/assessment resources for providers, DORS pays for job development, MHA pays a placement fee once a job is obtained, DORS pays for any short-term (i.e., 18 months) support needed for job stabilization, and MHA initiates long-term ongoing support with funding from the Medicaid Rehabilitation Option and Mental Health Block Grant.

The Minnesota Department of Employment and Economic Development (DEED) of which the Division of Vocational Rehabilitation Services (VRS) is a part, has had longstanding interest in Supported Employment. Minnesota was one of the first states to focus on SE as part of its overall service delivery system, especially within its Development Disability (DD) services. However, there are no formal written agreements or MOUs currently in place between MN DVR and its sister agencies in IDD and MH. DVR provides guidance regarding transition from time-limited vocational rehabilitation services to ongoing extended services funded by a non-VR source. DVR guidelines state that this transition should occur when the consumer has made substantial progress toward meeting the hours-per-week work goal established in the IPE and the consumer is stabilized in the job.

New Mexico DVR operates in a unique environment in which they are party to a long-standing law suit (the Jackson Settlement) involving deinstitutionalizing people with IDD from state institutions and providing community services to the affected constituents, overseen by court-appointed monitors. Formal MOUs exist with both the state IDD agency and with Optum Health, which manages the public MH system in the state. The major providers of long-term support within the state are community rehabilitation providers and many individual contractors who offer both placement and support services, including, in some cases, extended supports. Where employment is offered in the MH system, it is delivered by the comprehensive MH Treatment Centers, which include case management and community support services.

Employment is currently not a major priority of the MH system of care and is not emphasized through Optum Health under its state contract. Nonetheless, the MH state plan allows for a service category of Continuing Community Support Services, which could be accessed for the clinical support needed as part of extended supports should the MH authority choose. There is no formal definition of "stabilization" within the DVR policy prior to transition to extended services, and this decision is left to the judgment of

the counselor. There is, however, a formal notification letter expected from the source of extended supports to DVR confirming this obligation.

The New York State VR agency (Adult Career and Continuing Education Services-Vocational Rehabilitation, or ACCES-VR) is part of a large, complex system with many levels of funding and policy authority in IDD and MH at both the state and county levels. ACCES-VR has an existing MOU on supported employment from 1999 (based on a 1992 NY state law) with the Office of Mental Health, the Office for Persons with Developmental Disabilities, and the Commission for the Blind and Visually Handicapped. The MOU describes how state agencies must cooperate and coordinate efforts, including funding and data collection, to support integrated employment for individuals with disabilities. The state is in the process of updating the MOU to reflect changes in funding mechanisms and requirements. The updated agreement will serve as a template for cooperation and coordination in SE among ACCES-VR and its state agency partners.

The major providers of long-term support within NY are the *community rehabilitation providers with contractual or funding relationships with the VR system*, the IDD system (both state and county) and the MH system (both state and county). The IDD system uses networks of community providers while the state and county MH system use MH treatment agencies, both state-operated and private providers. In the current VR policy, stabilization is seen as occurring when the individual's work performance plateaus and the job coaching and related interventions have faded to the lowest level necessary to maintain the individual in employment. Stabilization generally occurs when intervention level fades to less than 20 percent of the work week for a period of at least 3 consecutive weeks. However, there is discussion underway at the central VR administrative office to eliminate these specific measures and just signify that the counselor must make an individual judgment in consultation with the client and the provider.

The VR agency in Washington state (WA DVR) has long standing relationships with both the state IDD and MH agencies. There is a current MOU with DD, and one with MH (Division of Behavioral Health and Recovery, DBHR) that is in the process of being updated. Services in both MH and IDD are generally provided through county (DD) or regional (MH) authorities with state support.

Washington has long been one of the leaders in SE for people with intellectual / developmental disabilities nationally, and the state IDD agency has been acclaimed as the pioneer of the Employment First movement within IDD state systems across the country. The major providers of long-term support within the state are the state and county IDD agencies (through CRPs) and DBHR (primarily through specific MH treatment providers). There is also a specific interagency agreement in place between the WA DVR and King County (Seattle area) MH. That county has a specific local pool of money through a millage tax that it has dedicated to SE for people with mental health problems. The definition of "stabilization" and thus the point at which extended supports are put into place is not defined precisely by the state DVR policy. DVR depends on counselor negotiation to ensure that appropriate long-term supports are available. Previously a formal commitment letter was used, but this was discontinued.

Funding of Extended Services and Use of Natural Supports

As noted, state VR agency support for individuals in SE is limited by regulation to 18 months (with exceptions allowed under special circumstances), at which point another funding source must be used to provide ongoing employment supports. We obtained information on how extended services are funded through all of the surveys as well as through the case studies of five states. As it is not the responsibility of

state VR agencies to secure funding for SE following exit from the agency, it is not surprising that there was quite a large amount of missing data for several survey items addressing this topic. For example, the state VR agency survey asked state VR agencies to report the percentage of individuals exiting VR services with an SE outcome whose extended services are currently provided through natural supports only, funded services only, or a combination of funded and natural supports. The overwhelming majority of agencies (at least 73 percent in all cases) responded that these data are not collected.

The VR survey also asked agencies to indicate whether any one of seven specific funding sources were used by individuals exiting VR services with an SE outcome to fund their extended services following exit from VR. The sources of extended services funding most frequently identified as being used included the Medicaid Home and Community Based waiver (40 percent of responding state VR agencies), the Social Security Work Incentive PASS program (38 percent), Impairment-Related Work Expenses (32 percent), IDD general revenue (27 percent), MH general revenue (27 percent), the MH Rehabilitation Option (16 percent), and "other" (19 percent), which included state general revenue funds and Ticket to Work reimbursements. Once again, the vast majority of agencies (at least 75 percent for all types of funding) were unable to provide a count of the number of individuals who were receiving extended services funded through these sources.

In response to a separate question, 13 agencies (or 19 percent) reported the availability of a state program funding extended services for individuals exiting VR services with an SE outcome. Total funding for these programs ranged from $63,000 to over $10 million, and these programs served an average of approximately 1,500 individuals each year. Four agencies indicated that the state-funded extended services program is not limited to certain disability groups. The most common populations served by state-funded extended services programs included individuals with mental health or developmental disabilities not otherwise covered and individuals with traumatic brain injury.

In Minnesota, the state-funded extended employment program is available for individuals not otherwise able to secure extended supports. It is an outcome-based program that reimburses CRPs on the hours an individual works. The program provides funding for center-based employment, community employment, and supported employment, but encourages movement toward SE. The rates are highest for SE, and the program allows providers to annually convert center-based "slots" to SE.

State VR agencies were also asked if any populations were unable to access funding for extended services, and 24 agencies (39 percent) responded that there were. The populations identified most often as unable to access funding for long-term employment supports included individuals with TBI, individuals with mental health impairments or developmental disabilities not served by an MH or IDD agency or who do not qualify for a Medicaid waiver, individuals with visual impairments, and people who are deaf-blind.

The state MH and IDD surveys also included items to obtain information on available sources of funding for extended services for individuals exiting VR services with an SE outcome. The most frequently reported funding sources identified by state MH agencies included state, county, or local MH funds (18 MH agencies or 60 percent); Medicaid funds, including the Rehabilitation Option, 1915c, 1915d or 1915i (12 agencies); and "other" – including federal block grant funding (10 agencies), PASS (4 agencies), IRWE (3 agencies), private insurance (2 agencies), and self-payment (2 agencies). The most frequent funding sources reported by state IDD agencies for individuals with IDD who exited VR services with a SE outcome included the Home and Community Based Services (HCBS) waiver (26 agencies or 93 percent of respondents); state, county, or local IDD funds (18 agencies); IRWE and PASS (6 agencies

each); the Rehabilitation Option under Title XIX of the Social Security Act (4 agencies); self-payment or other source (3 agencies each); and private insurance (2 agencies).

All of the case study states as well as 93 percent of IDD agencies responding to our survey use the 1915(c) HCBS waiver (among others) to provide long-term employment supports for individuals with intellectual/developmental disabilities. However, an increasing number of states have developed waiting lists for HCBS waiver-funded services. These wait lists may impact state VR agencies' ability to fund the up-front support if the IDD system cannot commit to the long-term intervention needed within the 18-month time frame or at the point at which job stability is achieved. Some of these states are able to continue to provide extended supports following the short-term funding provided through VR using state funding until the wait list opens up. State IDD funding is often also used for those not eligible for the HCBS waiver.

Long-term funding for individuals with psychiatric disabilities is more problematic as HCBS waiver services are quite limited for these individuals owing to the "Institute for Mental Disease" or IMD exclusion. Options available to MH systems for offering long-term employment support include general MH funds from state appropriations or the MH Block grant; community supports through the Medicaid Rehabilitation Option (with some restrictions on the use of funds for certain employment services); developing a model under the new 1915(i) Medicaid authority that allows the development of an HCBS option for mental health without the revenue neutrality exclusions; or tapping into state-funded extended support program funding in the few states where such funding exists. Two of the states (Washington and New York) we visited are in relatively rare company, in that their MH systems have developed state-level funding for long-term employment supports. In Washington, the state has been able to use Medicaid authority under optional services to provide employment supports in some regions of the state but this method appears in danger of being eliminated owing to the state's current fiscal deficit.

While several of the states we visited are moving toward milestone payment systems for up-front (time-limited) employment supports (MD, WA, NM), funding for extended supports through MH or IDD agencies, where it occurs at all, is usually done on a "slot" or hours of service basis. Medicaid rules make it difficult to incorporate milestone payments or incentive payments for higher quality service into its funding formulae. State-funded programs appear to have much more flexibility to innovate funding strategies.

Owing, in part, to a lack of dedicated funding for extended services, the use of natural supports as a means of providing ongoing employment supports appears to be an increasingly popular option. However, based on our observations from a limited number of sites, use of natural supports varies widely from one state to another, and most VR agencies lack a structured approach to this technology. In New Mexico, for example, VR has a strong focus on the use of natural supports, and in some cases long-term supports are delivered by the same individual who delivered the up-front services paid for by VR as a contracted service provider. In New York, on the other hand, ACCESS-VR has no formal policy on natural supports. These supports are generally not seen as the principal source of support, but rather as part of a provider-funded support network. In Maryland, the VR agency has no formal policies governing use of natural supports, but it is generally encouraged, especially within its partnership with DD.

Natural supports are less often encouraged under the evidence-based SE methodology that the state MH agency encourages in many states In Minnesota, VR has developed guidelines that encourage employers to be involved in the provision of natural supports where appropriate during the job development stage.

The VR agency in Washington encourages natural supports, especially within the IDD system, but prefers that specific supports be identified in the plan, rather than just generically referenced.

Among the states we visited, there were some promising approaches to long-term funding for people exiting VR services into SE. State-funded programs in New York, Minnesota, and Maryland (for people with TBI) allow VR to provide long-term support for individuals whom MH or IDD agencies may not be able to support due to their disability or level of need. More state IDD systems, like the one in Washington, are adopting an "Employment First" policy that directs all or most of their day service funding towards employment. Having the IDD agency as a strong partner in employment service provision allows VR to serve individuals with the most significant developmental disabilities more efficiently.

Braided funding models like the one used in the Maryland VR collaboration with MH also appear to be quite promising. In Washington, the VR agency has an arrangement with a county school system through which local education funding is used to provide job development/placement services, VR pays the school upon job placement, and the county IDD system then provides funding for long-term supports.

Issues for Further Consideration

The findings from the SE supplement completed by the ICI and our partners identified a number of issues that merit further consideration as a means to improve the SE delivery system:

- Need for further clarification, guidance, and consensus on what constitutes an acceptable SE setting, indicators of job stability, and the use of natural supports to provide long-term employment support
- Consideration of developing strategies for more "braided" funding mechanisms between VR agencies and other public systems, particularly IDD and MH, that avoid or at least minimize the issue of "who pays the first dollar"
- Creating more robust partnerships between VR and MH agencies so that employment becomes a more integral element within MH recovery systems of care
- Expanded use of state-funded extended employment programs for individuals unable to access other sources of long-term support that are dedicated to individuals in SE (rather than in sheltered employment)
- Consideration of creating some expectation at the time of transferring individuals from VR to long-term funding support that the entity offering the commitment to long-term funding report back to VR on an annual basis on the status of that individual's employment status and support needs
- RSA and Medicaid working together to develop guidance for state Medicaid systems about allowable reimbursable expenses under the MH Rehabilitation Option or the new 1915(i) state plan amendment attendant to employment

INTRODUCTION

The National Institute on Disability Rehabilitation and Research (NIDRR), within the Office of Special Education and Rehabilitative Services (OSERS) in the U.S. Department of Education, in announcing the funding opportunity for the VR-RRTC, specified that the RRTC must focus on increasing the knowledge base about the provision of vocational rehabilitation services and describe the constellation of public employment services in the 50 states, DC, Puerto Rico, and the territories. NIDRR included in this effort a call to identify policies and practices related to the definition of most significant disability, VR services for individuals with intellectual and developmental disabilities, and VR services for individuals with mental illnesses. NIDRR awarded the VR-RRTC in October 2005 to the Institute for Community Inclusion at the University of Massachusetts Boston and its partners, InfoUse in Berkeley, California and the Center for the Advancement and Study of Disability Policy. In 2010, NIDRR provided supplemental funds to highlight a focus on the provision of supported employment services and extended services with particular attention to funding, partnership, and service provision. The intent was to embed supported employment questions in ongoing surveys of multiple state agencies and to conduct case studies of supported employment coordination and funding models.

METHODOLOGY

Surveys of State Agencies and CRPs

The Institute for Community Inclusion (ICI) surveyed four types of state agencies known to deliver public employment services to people with disabilities. These agencies included: a) the state vocational rehabilitation (VR) agency; b) the state intellectual and developmental disability (IDD) agency; c) the state mental health agency (MH); and d) the state welfare agency. During the first two years of the VR-RRTC, there was concerted effort to determine the feasibility of conducting a national survey of the state workforce development system. However, it was determined that this was not feasible within the scope of the RRTC. For the present effort, the workforce system is not engaged in supported employment or extended employment efforts at any significant level. Also, the ICI surveyed community rehabilitation providers across the country. A four-step methodology was used across the five surveys with some modifications as specified below. The survey instrument, including a list of definitions of employment services settings, for the survey of state VR agencies can be found in Appendix B.

Surveys of State Agencies

The ICI compiled a sample for each of the surveys including agency directors or their designees in each of the fifty states, as well as the District of Columbia, and the territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands) using public data sources. Agency directors were identified as the primary contact, and assistant directors or the equivalent were listed as the secondary contact. Directors, or a designee, were asked to respond on behalf of their entire state / territory.

Survey instruments were developed based upon the literature and in-house expert review. Each survey was piloted with 5-7 state agencies prior to implementation. The pilot agencies submitted responses to the survey questionnaire and also completed a feedback form regarding the survey items and implementation strategies. These pilot sites were not asked to complete the survey again, and the data submitted during the pilot phase was included in the analysis. Survey modifications were made based upon the pilot test responses.

Following the pilot phase, researchers invited agency directors to participate in the survey effort by email. The email invitation included a link to the web-based survey questionnaire and instructions for participation in the project. Alternative formats of the survey (hard copy, large print, telephone, Braille) were available to all survey respondents upon request. Researchers conducted individualized follow-up, using email and phone contact with state agency directors and designees throughout the fielding period. In a final effort to increase the response rate for the MH and welfare agency surveys, researchers mailed a hard copy of the survey to all non-respondents three weeks prior to the close of the survey. In sum, all non-respondents received at least two emails, two phone calls, and one mailing to participate in the survey effort.

Survey of Intellectual and Developmental Disabilities (IDD) Agencies

The IDD Agency National Survey of Day and Employment Services is part of a longitudinal study, beginning in FY1988, to analyze trends in community-based day and employment services and funded by the Administration on Developmental Disabilities. For the FY2009 and FY2010 surveys, the VR-RRTC

provided additional NIDRR support to include modules in the survey addressing topics related to the VR-RRTC. The FY2010 IDD survey includes a topical module on post-VR closure extended employment services. The survey was administered to IDD agencies in all 50 states and the District of Columbia. Because this is an ongoing longitudinal study, the survey was sent to all IDD administrators as well as any other past contributors to the survey who are designees of the administrator. Contact was made through email. Researchers followed up with non-responding states via telephone and email. Data were collected through an online survey hosted on a secure server.

Survey of Community Rehabilitation Providers

For a previous survey effort, the ICI had compiled a massive list of possible CRPs. This list was derived by a comprehensive search of public data sources to identify CRPs across the country. Approximately 12,000 organizations were identified. We selected a sample from this list of CRPs using a stratified random sampling technique by the number of CRPs per state. For states with more than 100 CRPs, researchers randomly selected at least 100 organizations. For states with fewer than 100 CRPs in the mailing list, all known CRPs were included in the sample. The final sample included 3,551 CRPs located in all fifty states and DC. Puerto Rico and the territories were not included in the sample.

The survey was piloted with twenty CRPs in Massachusetts that were not included in the sample of CRPs. CRPs included in the pilot were asked to complete the survey and provide feedback on the survey instrument, including the clarity of directions, question content and relevance, and length of time to complete the survey. Ten out of the twenty CRPs completed the survey and provided feedback. This feedback was incorporated into the survey instrument design.

This study used a multi-modal survey approach, including mail, web, email, and telephone surveys. Each CRP in the sample received a series of mailings, phone calls, and emails—if a valid email address was included in the contact information records. The research team conducted three rounds of phone follow-up, in addition to mailed postcard reminders and email messages.

After the survey had been in the field for 28 weeks, researchers launched a condensed version of the survey questionnaire to increase the response rate and collect more data on key variables. The survey questionnaire was condensed from 14 pages (53 survey items) to seven pages (24 survey items). The condensed version of the survey contained: Section A about CRP characteristics, a portion of Section B about employment services, and a portion of Section E about serving VR-funded customers. The condensed survey was mailed to all non-responding CRPs (n=2,352) in the same fashion as the previous mailings: the package contained a cover letter, survey questionnaire, and business reply envelope. Respondents had the option, as previously, to complete the survey by mail, web, email, or telephone.

Case Studies of Vocational Rehabilitation Agencies

The case studies conducted were pursuant to the statement of work in the Supported Employment supplement to the VR-RRTC's related to the policy analysis of coordination and funding models for supported employment services post-VR closure. ICI and InfoUse staff designed in-depth case studies including key informant interviews (both over the telephone and on-site); review of policies, MOUs, and related documents; and analysis of available relevant state or local-level data.

The case studies were meant to amplify and clarify the statistical data gathered through the VR surveys and RSA 911 analyses implemented under the VR-RRTC and this SE supplement. The case studies were

not necessarily designed to identify "Best Practice" *per se* in the provision of long-term support after initial VR services. That would have entailed a deeper and more resource-rich analysis extending to in-depth reviews of the long-term funding agencies (usually state departments of developmental disabilities, mental health, and/or Medicaid funding under the Rehabilitation Option or waiver authority). Instead, they were meant to help RSA and the ICI's RRTC better understand the range of practices that VR systems might use to ensure that VR SE funding is maximized through partnerships and funding models to create a smooth transition to long-term support through other resources.

The ICI SE Supplement team consisted of two staff from the ICI (John Halliday and Joseph Marrone) and two from its partner in this endeavor, InfoUse (Susan Stoddard, PhD and Michael Tashjian). In order to identify VR agencies and partners as sites for the case studies, the ICI SE supplement team reviewed VR survey data to identify any obvious trends or questions that might emerge. We then discussed the types of issues that needed to be examined to help us get a better understanding of the long-term support issues from the VR perspective.

In developing this examination, we used the expertise of the group (especially those with significant VR administrative and consultative expertise: John Halliday and Joseph Marrone). The VR-RRTC is also conducting extensive case studies using a Delphi Expert Panel on three specific issues: a) VR services promoting employment outcomes for people with mental health disabilities; b) VR services promoting employment for people with intellectual and/or developmental disabilities; and c) VR management of case flow, outreach, and service access for people with the "most significant disabilities."

The SE team reviewed some of the responses from the Delphi groups to determine potential sites. We also reviewed a large body of work the ICI has conducted over the years in advising state VR, MH, IDD, and Medicaid agencies and community rehabilitation providers on the most effective and innovative methods for creating supported employment opportunities for people with the most significant disabilities. Then we considered possible sites for the case studies based on this knowledge and using several other criteria:

- Some specific element that would add depth and distinctiveness (e.g., consent decree, VR outcomes related to supported employment)
- Availability and consent of the state VR agency to participate
- State VR agency diversity in size, geography, populations served
- Contemporary changes in policy or practices
- Maturity and intensity of collaborative relationships
- Feedback from the Rehabilitation Services Administration

Using these criteria, the following states were included in the initial selection:

- **New York** has state-funded supported employment and strong coordination with the IDD agency, MH agency, and blind agency. A state law mandates the VR agency as the lead agency in supported employment and extended services. There are strong quality indicators, and interagency data is available, along with a statewide reporting system and SE program evaluation.
- **Maryland** uses the Individual Placement and Support (IPS) model of supported employment and has state-funded extended services. There are strong agreements between the MH agency, the

IDD agency, and VR, as well as a statewide evaluation of SE. Maryland VR SE was identified by the RSA as an effective program.

- **Minnesota** has a state-funded Extended Services Supported Employment program that serves about 7,000 annually and has collaborative planning for transition-age youth with mental health disabilities. Other partnerships include schools, the department of education, the IDD agency, and the MH agency.
- **New Mexico** is obligated to provided extended services due to a consent decree. It has some of the highest rates of employment for MH and IDD clients and has ongoing support for SE as part of the Medicaid waiver. New Mexico is one of the original nine MH transformation grantees. The researchers were also interested in learning more about the financial mechanisms in place in New Mexico.
- **Washington** VR is a longstanding partner with the IDD agency and with the MH agency through formal memoranda of understanding (MOUs). Washington has the highest rate of employment for people with IDD in the US. It offers ongoing support for SE as part of the Medicaid waiver and is one of the original nine MH transformation grantees. The state IDD agency is a national leader in SE and a progenitor of the Employment First initiative.
- **Texas** VR links initiation of services to an outcome-based payment system and is a potential funding model. It also has an emphasis on natural supports.
- **Virginia** is an unusual system that has two funded programs (the Long Term Employment Support Service (LTESS) and the Extended Support program). There is strong coordination and also specialized state and regional SE staff.
- **Vermont** VR is embedded within a small state with unique structural features but has strong coordination with community rehabilitation providers and a Jump on Board for Success (JOBS) program for youth that has significant merit.
- **Iowa** VR has pursued many initiatives to improve and expand SE and has emphasized coordination with employers, CRPs, and Medicaid.
- **Oregon** VR was included because of its supported employment program for MH customers.
- **Missouri** VR was included because of its supported employment program for MH customers.

From this list of eleven state VR agencies, we reduced the sites to six. Several states were ruled out because their unique characteristics might limit transferability to other state VR agencies (VA, VT). Three state VR agencies were ruled out because they might not have additional information offered by the other sites (IA, OR, MO). The final site visit sample included New Mexico, Maryland, Minnesota, New York, Washington, and Texas. Texas declined to participate due to the timing of the project and other obligations. The VR-RRTC team reviewed documents, visited the sites, and interviewed key informants (including personnel from other state agencies involved) using an interview protocol. The full study protocol used is in Appendix A of this report.

Human Subjects Review

Researchers submitted the study design and instruments to the Institutional Review Board (IRB) at the University of Massachusetts Boston for review and approval for both the surveys and the case study effort.

SUMMARY OF SURVEY RESULTS

Role of State Vocational Rehabilitation Agencies

Seventy-one of the 80 state VR agencies surveyed responded to the survey for a response rate of 88.8 percent. The majority of individuals responding were in the director or bureau chief role. VR agencies were asked to report the total number of customers closed with a supported employment (SE) outcome in the most recent fiscal year. Fifty-nine agencies provided this data. Of the 12 agencies that did not respond, five were blind agencies, three general, and four combined. Responses ranged from no customers closed with an SE outcome (Idaho blind, South Carolina blind) to 3,116 SE outcomes (New Jersey general). Excluding the agencies reporting no SE outcomes, state VR agencies reported a mean of 357.01 customers closed with an SE outcome in the most recent fiscal year. The standard deviation was 608.57 indicating significant range in the number of closures across agencies, likely a factor of agency size.

Survey respondents were asked if their VR agency has a minimum hourly work requirement for supported employment outcomes. Four of the 68 responding VR agencies reported a minimum hourly work requirement, with a mean of 17.5 (s.d. = 5.0) weekly hours. Additionally, VR agencies were asked if they have a minimum hourly wage requirement for SE outcomes. More than half of responding VR agencies (40 of 68) reported a minimum hourly wage requirement. These same agencies reported that the requirement was equivalent to state or federal minimum wage standards. VR agencies were asked to indicate which of several different types of employment settings are accepted as an SE outcome. Agencies reported on nine different employment settings; however, the total number of responses varied by item due to missing responses. The numbers reported are those indicating yes out of those that responded to that particular item (N out of N reporting).

Most frequently reported SE employment service settings:

- Individual supported employment (61 out of 64)
- Transitional employment for people with mental illness (59 out of 60)
- Self-employment (entrepreneurism) (54 out of 64)

Frequently reported SE employment service settings:

- Competitive employment with time-limited supports (34 out of 65)
- Mobile crews (28 out of 64)
- NISH/National Industries for the Blind (23 out of 63)
- Enclaves (21 out of 64)

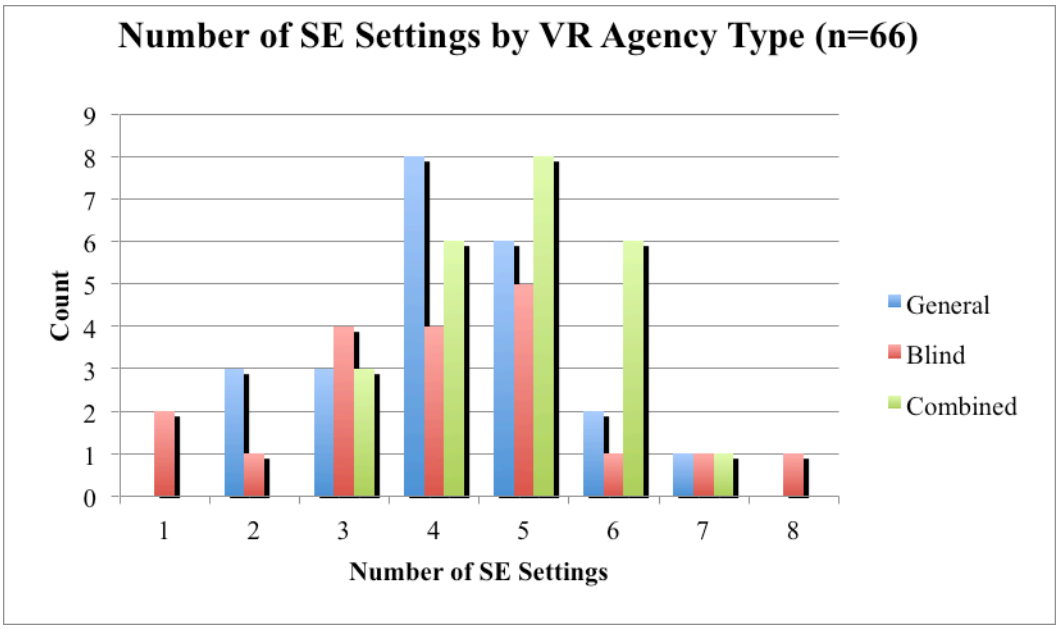
Rarely used SE employment service settings:

- Time-limited paid work experience (e.g., internships) (8 out of 61)
- Facility based work (e.g., sheltered workshops) (2 out of 61)

The agencies indicating time-limited paid work experience included three blind agencies (MI, NM, WA), one general agency (SD), and three combined agencies (CO, RI, WY). The agencies reporting facility-based work included Delaware (blind) and New Mexico (general). All reporting agencies (66 agencies) indicated at least one service setting as an acceptable SE outcome, and the total number of SE settings accepted ranged from one to eight out of nine total settings.

VR agencies most often accepted four (18 agencies) or five (19 agencies) different employment settings as SE outcomes. Looking across all types of employment settings, the total number of settings accepted as an SE outcome varied by agency type (general, blind, or combined). The chart (1.1) below shows the total number of employment settings accepted as an SE outcome by VR agency type. Blind agencies reported the widest range of number of SE settings accepted (between 1 and 8), compared to general agencies (2 to 7) and combined agencies (3 to 7). Combined agencies accepted more settings as SE outcomes on average (mean=4.8) than blind agencies (mean=4.1) or general agencies (mean=4.1).

Chart 1.1 Number of SE Settings Accepted by VR Agency by Type of Agency (General, Blind, Combined) (n=66)



Those agencies that reported accepting an employment setting as an SE outcome were asked to specify the total number of customers closed with SE outcomes in that setting. Individual-level data is not included in this report because the vast majority of agencies were unable to provide this level of data. For example, only five of the 59 agencies accepting transitional employment as SE for people with mental illness were able to provide the total number of customers closed in this setting. This gap in data was apparent across all other employment service setting categories as well: individual supported employment (18 of 61 agencies collected data), self-employment (15 of 54), competitive employment with time-limited supports (8 of 34), mobile crews (2 of 28), NISH / National Industries for the Blind (0 of 23), enclaves (3 of 21), time-limited paid work experience (1 of 8), and facility-based work (0 of 2).

We asked VR agencies to report the percent of the total number of individuals exiting VR with an SE outcome that were currently receiving natural supports only, paid services only, a combination of paid and natural supports, or other types of extended services. The overwhelming majority of agencies (at least

73 percent in all cases) responded that these data are not collected. Only ten agencies reported the number of individuals receiving funded services only, eight reported the number receiving natural supports only, and 15 reported the number receiving a combination of funded and natural supports.

VR agencies were asked to report which providers deliver extended services to VR customers with SE outcomes in their state (see Table 1.1). Of the 68 agencies responding to this question, agencies most commonly identified non-profit providers (63 of 68) as a provider of extended services to VR customers with SE outcomes. Other frequently reported deliverers of extended services included individual natural support providers (40 of 68) and private for-profit providers (38 of 68). Less frequently reported were public entities including state or local agencies and tribal governments. Three agencies indicated that other types of providers deliver extended services to VR customers in their state. These providers included employers and churches.

Table 1.1 Frequency of Providers Delivering Extended Services to VR Customers with SE Outcomes (n=68)

Type of Provider	Frequency
Non-profit providers	63
Individual natural support providers	40
Private for-profit providers	38
Public – state providers	26
Public – local providers (county, city, town, or other municipality)	18
State VR program	15
Public – tribal government providers	9
Other type of provider	3
None of the above	1

Note: Respondents could report more than one provider.

VR agencies were asked if they had a formal written agreement to coordinate funding and/or oversee service delivery for SE extended services with several different agencies. Table 1.2 lists the frequencies of agencies coordinating with VR in this way. Slightly more than half reported that they have a formal written agreement to coordinate funding and/or oversee service delivery for SE extended services with any agency. Interestingly, 29 of 66 agencies reported "none of these agencies," suggesting that the agreements that are required by regulation may not specifically address the coordination of extended service delivery and funding.

The agency that VR most frequently held a formal agreement with was the state mental health agency, followed by the IDD agency and the local mental health agency. Seven VR agencies indicated having a formal written agreement with "other agencies not listed," which included Department of Social Services Employment Opportunities Program, private non-profit agencies, VR agencies for the blind, state education authorities, state legislature, area colleges, and the ARC.

Table 1.2 Frequency of Agencies with whom VR has a Formal Written Agreement to Coordinate Funding and/or Oversee Service Delivery for SE Extended Services to VR Customers (n=66)

Agency	Frequency
None of these agencies	29
State mental health (MH) agency	27
State intellectual and developmental disabilities (IDD) agency	24
Local mental health (MH) agency	15
Other agency	7
Primary and secondary education (including special education)	4
Local education authorities	3

Note: Respondents could report more than one agency.

VR agencies were asked to indicate what mechanisms their agency uses to ensure continuity of SE extended service delivery by providers as the funding source shifts from VR to another entity post-VR closure (see table 1.3). VR agencies most frequently reported using either funding commitments via purchase orders or requisitions based on individual customers (18 of 66), or verbal promises / statements by the provider as documented in the case record (18 of 66). VR agencies also reported use of statewide interagency agreements (17 of 66). Four agencies cited using other mechanisms including: Medicaid Waiver documentation, Sole Source contracts, state policy, and transfer to Schedule of Expenditures of Federal Awards (SEFA) form sent from VR to the provider agency.

Table 1.3 Frequency of VR Agencies' Use of Mechanisms to Coordinate with Other Providers to Ensure Continuity of Service Delivery (n=66)

Coordination Mechanism	Frequency
Specific funding commitment via a purchase order, requisition, etc. and based on individual customers	18
Verbal promise/statement by the provider as documented in the case record	18
Statewide interagency agreement	17
VR counselor discretion	14
Cooperative agreement and/or contract with provider that specifies the types of SE extended services	5
Other mechanism	4
None of the above	3

Note: Respondents could report more than one type of coordination mechanism.

Funding Sources of Extended Services for Individuals with SE Outcomes

VR agencies were asked about sources used to fund extended services for VR customers with SE outcomes. Most frequently, VR agencies reported Medicaid Home and Community Based Waivers (26 of 65) to fund extended services for VR customers with SE outcomes. Twelve agencies specified other sources used to fund extended services, including state general funds (six agencies) and Ticket to Work reimbursements (four agencies). Those agencies reporting use of a funding source were asked to specify if the funding source was available across the state. In each case, at least 80 percent of the agencies reported

that the funding was available statewide. Agencies reported on eight different funding sources; however, the total number of responses varied by item due to missing responses.

Most frequently reported funding sources used for extended services (25% or more of reporting agencies):

- Medicaid Home and Community Based Waiver (26 out of 65 reporting agencies)
- PASS (Social Security Work Initiative) (24 out of 63 reporting agencies)
- Impairment-Related Work Expenses (IRWE) (21 out of 66 reporting agencies)
- Developmental Disabilities General Revenue (20 out of 66 reporting agencies)
- Mental Health General Revenue (18 out of 66 reporting agencies)

Additional reported funding sources used for extended services (less than 25% of reporting agencies):

- Other sources not listed (12 out of 63 reporting agencies)
- Mental Health Medicaid Rehabilitation Funds (10 out of 63 reporting agencies)
- Psychiatric Rehabilitation Option funded by Title XIX of the Social Security Act (1 out of 64 reporting agencies)

Those agencies that reported use of a funding source for extended employment services were asked to specify the total number of customers funded through the source. The vast majority of agencies were unable to provide customer-level data. For example, of the 26 agencies using the Medicaid Home and Community Based Wavier to fund extended employment services, only six agencies were able to specify the total number of individuals funded through this source. This gap in data was apparent across all other funding sources as well: PASS (2 of 24 agencies collected data), Impairment-Related Work Expenses (2 of 21), Developmental Disabilities General Revenue (5 of 20), Mental Health General Revenue (4 of 18), Mental Health Medicaid Rehabilitation Funds (2 of 10), Psychiatric Rehabilitation Option funded by Title XIX of the Social Security Act (0 of 1), and other sources (3 of 12).

VR agencies were also asked if Social Security cash benefits (SSI /SSDI) are used to fund extended services for VR customers with SE outcomes. Of the 66 respondents to this question, more than half reported no use of Social Security cash benefits, twenty respondents did not know, and eight agencies reported use of the benefits.

VR agencies were also asked if they have a separate program for purchasing supported employment extended services. Of the 67 agencies responding to this question, 13 reported that their state had a separate program funded through state general funds. Of these 13 agencies, 11 reported the mean number of customers supported by the program was 1499.82 (s.d.=1698.61) and the mean funding for the program in the most recent fiscal year was $3,639,872 (s.d.=3,995,386, ranging from $63,000 to $10,500,000). Four agencies specified that the program is not limited to certain disability groups. Most common populations served by the program included: intellectual and developmental disabilities (7 agencies), mental health (6 agencies), traumatic brain injury (5 agencies), and most significant disabilities (3 agencies).

Finally, VR survey respondents were asked if any populations in their state were unable to access funding for SE extended services. Of the 62 agencies responding to this question, 24 agencies reported that there are populations unable to access funding. The population most commonly reported as unable to access funding was individuals with traumatic brain injury (8 agencies). Seven agencies also identified individuals who are not served by a MH or IDD agency, or who do not qualify for the IDD waiver as unable to access long-term funding. Other populations identified included individuals with visual impairments, those who are deaf-blind, or those with mental illness.

Role of Community Rehabilitation Providers

Of the 3,551 CRPs included in the sample, 1,309 (36.9%) responded to the survey. Among those respondents, 1,016 CRPs completed the full-length version of the survey, and 293 CRPs completed a condensed version of the survey. Some variables included in this analysis were not asked on the condensed version of the survey, which accounts for the variation in the total number of responses for selected questions.

The majority of CRPs (67.2% or 872 of 1298) provided both employment and non-work services, 20.7 percent (268 of 1298) provided only employment services and 12.2 percent (158 of 1298) exclusively provided non-work services. The CRPs that offered employment services were asked to report on the specific types of employment service settings provided (see table 2.1). CRPs reported on nine employment service settings, as listed in Table 2.1 below. The most frequently provided employment service setting was individual supported employment, with 82.5 percent (888 of 1075) of CRPs providing this employment service setting.

Table 2.1 Number of CRPs Providing Employment Service Setting

Employment Service Setting	Number of CRPs Providing Setting	Percentage of CRPs Providing Setting
Individual supported employment (n=1075)	888	82.5%
Competitive employment with time-limited supports (n=1058)	738	69.7%
Facility-based employment (n=1044)	683	65.4%
Enclaves (n=1015)	421	41.5%
Mobile crews (n=999)	394	39.4%
Time-limited paid work experiences (e.g., internships) (n=987)	247	25.1%
Self-employment (entrepreneurism) (n=987)	240	24.3%
Transitional employment for people with mental illness (n=983)	216	22.0%
NISH/National Industries for the Blind (n=964)	175	18.2%

CRPs completing the full-length survey were also asked to report if they currently provide individual supported employment, or if they provided this service over the past three years. Of the 878 CRPs that responded to this question, 721 (82.2%) reported currently providing individual supported employment or providing this service over the past three years. These CRPs were then asked to report how service

provision changed over the past three years in terms of the number of people served. Of the 703 CRPs that responded to the question, 285 (40.6%) reported an increase in the number of people served in individual supported employment services. Table 3 shows the frequency of CRPs reporting that individual SE services increased, stayed the same, decreased, or discontinued.

Table 2.2 Individual Supported Employment Service Trends (n=703)

	Number of CRPs	Percent	Valid Percent
Increased	285	21.8%	40.6%
Stayed the same	210	16.1%	29.9%
Decreased	200	15.3%	28.5%
Service was discontinued	7	0.5%	1.0%
Total item response	703	53.7%	100%
Not asked or not answered (missing)	606	46.3%	-
Total	1309	100%	-

Note: Data are weighted and cell counts are rounded; therefore the numbers presented in this table may be different from the total number of cases included in analysis.

VR's Role in CRP Provision of Individual Supported Employment Services

CRPs were asked to report whether they serve customers funded from the state VR agency. Of the CRPs that provide individual supported employment, 72.9 percent (641 of 879) serve customers funded from the state VR agency, while 27.1 percent (238 of 879) do not currently serve VR-funded customers. Of the CRPs that do not provide individual supported employment services, 46.8 percent (88 of 188) serve customers funded by VR, while 53.2 percent (100 of 188) do not. Overall, most CRPs (60.1%) provide individual supported employment services and serve VR-funded customers. The chi square test results show a statistically significant association between these variables (n=1067, χ^2=48.80, p=.000).

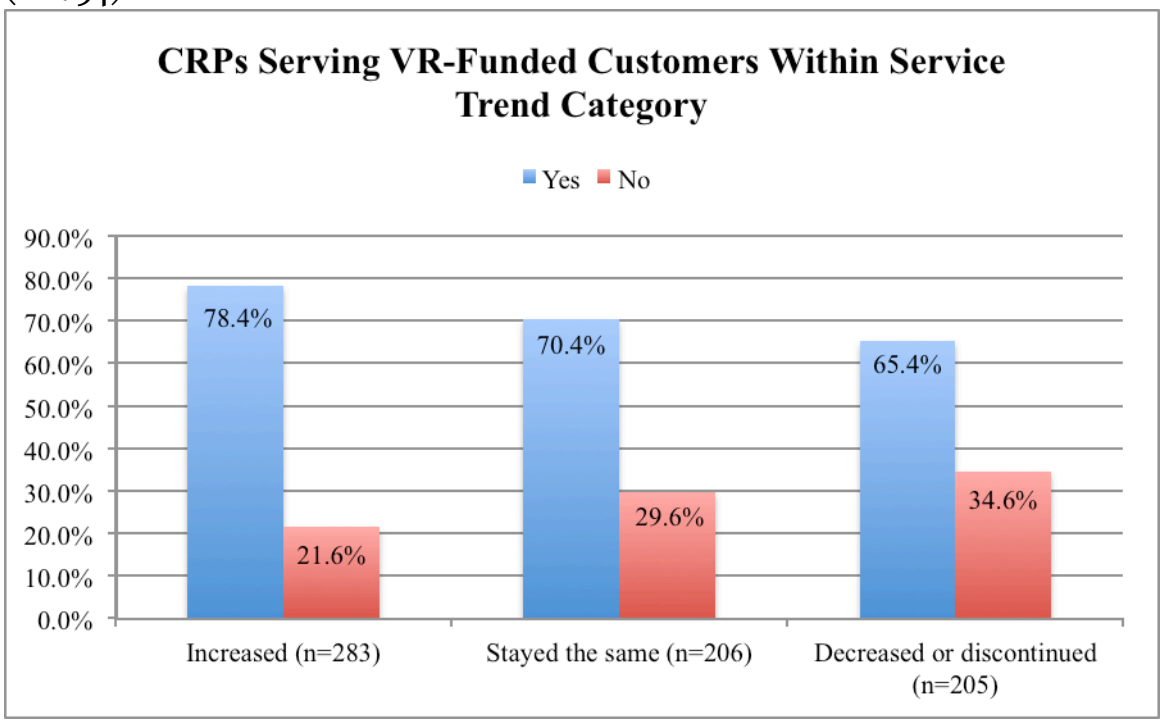
Table 2.3 CRPs Providing Supported Employment Services and Serving VR Customers (n=1067)

		Serve VR Funded Customers	
		Yes	No
Provide Individual Supported Employment Services	Yes	N=641 60.1% of total	N=238 22.4% of total
	No	N=88 8.2% of total	N=100 9.4% of total

Additionally, chi square tests show a significant association between serving VR-funded customers and individual supported employment service trends over the past three years (n=694, χ^2=10.6, p=.005). Of the CRPs that reported an increase in the number of people served in individual supported employment, most (78.4% or 222 of 283) currently served VR-funded customers. Chart 1.2 below demonstrates the percentage of CRPs serving VR-funded customers within the service trend categories: increased, stayed

the same, and decreased or discontinued. The response categories "decreased" and "discontinued" were combined due to the insignificant number of respondents reporting services as "discontinued" (expected count less than 5 for chi square tests). Looking across categories, the data show that the proportion of CRPs serving VR-funded customers increases as individual supported employment services increase.

Chart 1.2 Percentage of CRPs Serving VR-Funded Customers Within Service Trend Category (n=694)



Role of State Mental Health Agencies

Thirty of 55 state Mental Health (MH) agencies responded to the survey for a response rate of 54.5 percent (30 of 55). MH agencies were asked to report what types of employment service settings are provided to clients. The most frequently reported employment service setting was individual supported employment (24 of 30). Agencies reported on eight different employment service settings, summarized below.

Most frequently provided employment service settings:

- Individual supported employment (24 of 30)
- Competitive employment with time-limited supports (19 of 30)
- Transitional employment (17 of 30)

Additional employment service settings provided:

- Self-employment (entrepreneurism) (11 of 30)
- Facility-based employment (9 out of 30)
- Other employment services (e.g., enclaves, mobile crews) (9 of 30)
- Time-limited paid work experiences (e.g., internships) (8 of 30)

MH agencies were also asked to indicate all of the agencies with which they formally coordinate delivery of post-employment supports. MH agencies most frequently reported coordinating post-employment supports with state VR agencies (21 of 30) and state IDD agencies (11 of 30). Three agencies reported to have formal coordination with an "other agency" including: counties, tribes, Medicaid, and contracted supported employment providers.

Table 3.1 Frequency of Agencies with which MH Formally Coordinates Delivery of Post-Employment Supports (n=30)

Agency	Frequency
State vocational rehabilitation (VR) agencies	21
State intellectual and developmental disabilities (IDD) agencies	11
None of the above	7
Department of corrections	5
Welfare / temporary assistance for needy families (TANF)	4
Housing authority	3
Primary and secondary education (including special education)	3
Other agency	3
Work incentives planning and assistance (WIPA)	2
State labor or workforce development agencies / state workforce investment boards (SWIBs)	1
State veterans' administration	1
Local education authorities	0
Local workforce investment boards (LWIBs)	0

Note: Respondents could report more than one agency.

MH agencies were asked several questions regarding post-VR closure ongoing supports. Twenty-two of 30 agencies reported that their state MH agency has a designated staff person responsible for coordinating employment services, including evidence-based supported employment. Agencies were also asked to report the total number of individuals closed into employment by VR for whom the MH agency provided ongoing supports in FY2010. Of the eleven agencies that reported the number of individuals, the mean was 572.2 (s.d.=1022.6) and the values ranged from 50 to 3450 individuals. Eighteen agencies indicated that these data were not collected.

MH agencies were also asked to indicate the sources of funding used to provide ongoing supports for individuals closed into employment by VR. The most frequently reported funding source was state, county, or local MH funds (18 of 30). Ten agencies reported that they had "other sources" of funding including: federal block grants, MH block grants, supplemental Mental Health Block Grant funds, and Global Commitment Medicaid. The table below summarizes the frequency of reported funding sources.

Table 3.2 Frequency of Funding Sources Used to Provide Ongoing Supports by MH Agencies (n=30)

Funding Type	Frequency
State, county, or local MH funds	18
Medicaid funds (Rehabilitation Option, 1915c, 1915d, 1915i)	12
Other source	10
None of the above	6
PASS (Social Security Work Incentive)	4
Impairment-Related Work Expenses (IRWE)	3
Private insurance	2
Self-payment	2

Note: Respondents could report more than one funding source.

The survey also included questions about the mechanisms used by MH agencies to coordinate with VR to ensure continuity of service delivery as funding shifts from VR to MH. Of the 29 reporting agencies, the most frequently reported mechanism was informal communication between MH and VR (14 agencies). Table 3.3 lists the frequency of reported mechanisms for coordination. Seven agencies reported that they used an "other mechanism" including: regional interagency teams, interagency contracts, shared space and planning, and VR contracts with vendors.

Table 3.3 Frequency of MH Agencies' Use of Mechanisms to Coordinate with VR to Ensure Continuity of Service Delivery (n=29)

Coordination Mechanism	Frequency
Informal communication between MH and VR	14
Joint coordination between MH and VR that specifies to what extent there is formal collaboration prior to shift of funding	10
Statewide interagency agreement	9
MH line staff person	7
Other mechanism	7
None of the above	6
Local or county interagency agreement	5
Specific funding commitment prior to VR closure via a purchase order, requisition, etc. and based on the individual's needs	3
Specific funding commitment after VR closure via a purchase order, requisition, etc. and based on the individual's needs	2

Note: Respondents could report more than one type of coordination mechanism.

Of the mechanisms listed above, agencies were asked to identify one that they deemed most effective in ensuring continuity of service delivery as funding shifts from VR to MH. Of the 20 responses to this question, respondents most frequently selected the mechanism "joint coordination between MH and VR that specifies to what extent there is formal collaboration prior to shift of funding" (5 agencies).

Table 3.4 Coordinating with VR: Mechanisms Selected as Most Effective in Providing Continuity of Service Delivery During Funding Shifts from VR to MH (n=20)

Most Effective Coordination Mechanism	Frequency
Joint coordination between MH and VR that specifies to what extent there is formal collaboration prior to shift of funding	5
Informal communication between MH and VR	4
Other mechanism as specified above	3
Not able to determine	3
Statewide interagency agreement	1
Specific funding commitment prior to VR closure via a purchase order, requisition, etc. and based on the individual's needs	2
MH line staff person	2
Local or county interagency agreement	0
Specific funding commitment after VR closure via a purchase order, requisition, etc. and based on the individual's needs	0

MH agencies were also asked to indicate mechanisms used to coordinate with contracted Community Rehabilitation Providers (CRPs) or other employment service providers to ensure continuity of service delivery. Agencies most frequently reported that they did not use any of the mechanisms listed to coordinate with CRPs or employment service providers (9 of 29 reporting agencies). Table 3.5 lists the frequency of reported coordination mechanisms.

Table 3.5 Mechanisms Used to Coordinate with CRPs or Other Employment Service Providers (n=29)

Coordination Mechanism	Frequency
None of the above	9
Cooperative agreement and / or contract with the CRP or provider that specifies the types of post-VR ongoing supports the individual is to receive	8
Specific funding commitment to the CRP or provider via a purchase order, requisition, etc. and based upon the individual's needs	8
Informal communication from MH line staff person	7
Formal communication from MH line staff person	5
Verbal promise / statement by the CRP or provider as documented in the case record	4
Other mechanism	4

Note: Respondents could report more than one type of coordination mechanism.

Of the mechanisms listed above, agencies were asked to identify one that they deemed most effective in providing continuity of service delivery during funding shifts from VR to MH. Of the 18 responses to this question, respondents most frequently selected the mechanism "specific funding commitment to the CRP or provider via a purchase order, requisition, etc. and based upon the individual's needs" (5 agencies).

Table 3.6 Coordinating with CRPs: Mechanisms Selected as Most Effective in Providing Continuity of Service Delivery During Funding Shifts from VR to MH (n=18)

Most Effective Coordination Mechanism	Frequency
Specific funding commitment to the CRP of provider via a purchase order, requisition, etc. and based upon the individual's needs	5
Other mechanism as specified above	3
Cooperative agreement and / or contract with the CRP or provider that specifies the types of post-VR ongoing supports the individual is to receive	2
Verbal promise / statement by the CRP or provider as documented in the case record	2
Formal communication from MH line staff person	2
Informal communication from MH line staff person	2
Not able to determine	2

The survey asked agencies to report if they had a formal written agreement with any agency other than VR to coordinate funding and / or service delivery for post-VR ongoing supports. Seven out of 28 reporting agencies had a formal written agreement with an agency other than VR and specified the following: community-based employment providers, community mental health centers, supportive employment providers, counties and tribes, and the State NYS Office for Persons with Developmental Disabilities. Twenty-one agencies reported no formal written agreement with an agency other than VR for delivery of post-VR ongoing supports. Agencies were also asked if they knew of any promising practices in funding and / or coordinating post-VR ongoing supports. Eight agencies indicated knowledge of a promising practice, including braided funding, ICCD-certified clubhouses, IPS, and evidence-based supported employment.

Role of State Intellectual/Developmental Disability Agencies

Forty-two of 51 state IDD agencies responded to the 2011 survey for a response rate of 82.4 percent. The survey contained a module about post-VR closure extended employment services. Of the 42 responding agencies, 12 reported having a designated staff person responsible for coordinating post-VR extended employment services. Agencies were asked to report the total number of individuals who transitioned from VR to post-VR extended employment services funded and/or coordinated by the state IDD agency. Fifteen state agencies reported a mean of 314.9 ranging from 0 to 1,715 and a standard deviation of 582.9, likely attributable to agency size variables. Twenty-six agencies reported that these data were not available.

Agencies were asked to indicate which types of funding sources are used to fund extended employment services for individuals with IDD who obtained employment through the state VR program. Twenty-six of the 28 reporting agencies indicated use of Medicaid Home and Community Based Waiver (HCB) funding and 18 agencies reported using state, county, or local IDD funds. Three agencies reported "other sources" of funding, including Ticket to Work.

Table 4.1 Frequency of Funding Sources Used by State IDD Agencies to Fund Extended Employment Services (n=28)

Funding type	Frequency
Medicaid Home and Community Based Waiver (HCB)	26
State, county, or local IDD funds	18
Impairment-Related Work Expenses (IRWE)	6
PASS (Social Security Work Initiative)	6
Rehabilitation Option under Title XIX of the Social Security Act	4
Self-payment	3
Other source	3
Private insurance	2

Note: Respondents could report more than one funding source.

The survey module also included questions regarding shifts in funding for post-VR extended employment services from the state VR agency to the state IDD agency. Agencies were asked to report the types of coordination mechanisms used between VR and IDD agencies for individuals both receiving and not receiving IDD agency support prior to VR services. Of the 33 reporting agencies, the most frequently reported coordination mechanism for individuals receiving IDD agency support was informal communication between IDD and VR (31 agencies). This was also the case for individuals not receiving IDD agency support prior to VR services (22 of 31 reporting agencies). Three states specified "other mechanisms" of coordination, including informal coordination at the local level and through statewide SE coordinators in both agencies. The total number of responses varied by item due to missing responses.

For individuals who had IDD support prior to VR services, the most frequent types of interagency coordination included:

- Informal communication (31 of 33 reporting agencies)
- Joint coordination between VR and IDD that specifies to what extent there is formal collaboration prior to shift of funding (18 of 33 reporting agencies)
- IDD case manager discretion (18 of 30 reporting agencies)
- Statewide interagency agreement (18 of 33 reporting agencies)

Additional types of interagency coordination:

- Specific funding commitment after implementation of VR services via a purchase order, requisition, etc. and based on the individual's needs (14 of 31 reporting agencies)
- Local or county interagency agreement (9 of 31 reporting agencies)
- Specific funding commitment prior to implementation of VR services via a purchase order, requisition, etc. and based on the individual's needs (9 of 31 reporting agencies)
- Other mechanism (5 of 17 reporting agencies)

Coordination or partnership activity between VR and IDD was slightly different if the individual was not involved with IDD prior to VR services. Agencies reported using each type of coordination mechanism more frequently for individuals receiving their services prior to entry into VR than for individuals not receiving their services prior to VR. Fewer agencies reported use of statewide interagency agreements (15

versus 18), fewer relied upon informal communication between IDD and VR (22 versus 31), and none reported use of specific funding commitments. Of note, is that the agencies rely upon mechanisms that tend to be highly localized (e.g., case manager discretion) and/or informal agency communications. Both systems place a high value on individualized services and employ case managers who tend to be highly educated and trained. Both systems also fund vendors to deliver services. Thus, this informal and localized mechanism may be more frequently employed.

Of the mechanisms listed above, survey respondents were asked to identify the most effective in providing continuity of service delivery as funding shifts from VR to the state IDD agency. Agencies identified the most effective mechanisms regardless of whether they were currently employing that mechanism. Agencies most frequently reported that statewide interagency agreements were the most effective mechanism (15 of 42).

Table 4.2 Most Effective Coordination Mechanisms Between IDD Agency and VR Agency (n=42)

Most effective coordination mechanisms	Frequency
Statewide interagency agreement	15
Not able to determine	10
Joint coordination between VR and IDD that specifies to what extent there is formal collaboration prior to shift of funding	8
Informal communication between IDD and VR	3
Local or county interagency agreement	2
IDD case manager discretion	2
Specific funding commitment prior to implementation of VR services via a purchase order, requisition, etc. and based on the individual's needs	1
Other mechanism	1
Specific funding commitment after implementation of VR services via a purchase order, requisition, etc. and based on the individual's needs	0

IDD agencies were also asked to report the CRP coordination mechanisms used for two types of VR populations: a) those receiving ID/DD services *a priori* (i.e., shared customers) or b) those individuals receiving ID/DD services post VR (i.e., VR customers). Agencies could report more than one coordination mechanism. The number of responses varies for each item due to missing data. Thirty-one agencies responded to these questions. The most frequently reported CRP coordination mechanism was formal communication with ID/DD case managers for both types of customers.

For shared customers, the most frequent types of CRP coordination included:

- Formal communication from IDD case manager (19 out of 31)
- Specific funding commitment to the CRP or provider via a purchase order, requisition, etc. and based upon the individual's needs (18 out of 31)
- Informal communication from IDD case manager (18 out of 29)
- Cooperative agreement and/or contract with the CRP or provider that specifies the types of post-VR extended services the individual is to receive (18 out of 30)

Additional types of interagency coordination:

- Other mechanism (5 out of 15)
- Verbal promise/statement by the CRP documented in the case record (5 out 31)

Coordination or partnership activity between IDD agencies and CRPs was slightly different if the individual was not involved with IDD prior to VR services. Agencies reported using each coordination mechanism more frequently for individuals receiving their services prior to entry into VR than for individuals not receiving their services prior to VR. For example, fewer agencies reported use of formal communication from IDD case managers (13 versus 19) and fewer reported use of a specific funding commitment to the CRP (12 versus 18).

Agencies were asked to identify the most effective coordination mechanism with CRPs in ensuring continuity of service delivery during funding shifts from VR to IDD. Of the 42 responses to this question, 16 agencies reported that the cooperative agreement and/or contract with the CRP or provider that specifies the types of post-VR extended services the individual is to receive was the most effective. Use of specific funding commitments to the CRP was the second most frequently reported response (9 of 42 reporting agencies). Only five agencies identified formal case-manager level communication as the most effective mechanism, and three agencies selected informal case manager level communication. It is not clear how agencies determined "effectiveness" of mechanism as many indicated mechanisms they were not implementing (or at least not reporting) as effective.

Role of State Welfare Agencies

Twenty-six out of 55 state welfare agencies responded to survey for a response rate of 47.3 percent. Agencies were asked to indicate with whom they formally coordinate delivery of post-employment services. Half of the 24 reporting agencies reported no formal coordination of post-employment service delivery with the agencies listed. On average, state welfare agencies report formally coordinating post-employment services with 1.1 (ranging from 0 to 5) other agencies listed. The response option with the second highest frequency (n=7) was "other agency," where participants specified a wide range of agencies and other entities including education, libraries, refugee resettlement programs, and others. Four welfare agencies reported coordinating post-employment services with the state VR agency—the only state agency providing services to people with disabilities with whom responding welfare agencies coordinated services.

Table 5.1 Number of Agencies that Welfare Agencies Coordinate with to Deliver Post-Employment Services (n=26)

Agency	Frequency
None of the above	12
Other agency	7
State labor or workforce development agencies / state workforce investment boards (SWIBs)	6
Local workforce investment boards (LWIBs)	4
State vocational rehabilitation (VR) agencies	4
Primary and secondary education (including special education)	2
Workforce Investment Act (WIA)	2
Local education authorities	1
Department of corrections	0

Housing authority	0
State intellectual and developmental disabilities (IDD) agencies	0
State mental health agency	0
State veterans' administration	0
Work Incentives Planning and Assistance (WIPA)	0

Note: Respondents could report more than one coordinating agency.

Agencies were also asked to indicate which types of providers deliver post-employment services to welfare customers in their state. The most frequently reported provider type was public/state providers (13 of 24 reporting agencies). Agencies reported a mean of 1.9 (ranging from 0 to 5) different types of providers that deliver post-employment services to welfare customers in their state. The response option with the second highest frequency (n=12) was non-profit providers. Four agencies reported "other" types of providers including: Job Access and Reverse Commute (JARC) program, employment and training services contractor, tribal agency, and Department of Career and Technology Education.

Table 5.2 Frequency of Types of Providers that Deliver Post-Employment Services to Welfare Customers (n=24)

Provider Type	Frequency
Public – state providers	13
Non-profit providers	12
Private for-profit providers	9
Public – local providers (county, city, town, or other municipality)	6
Other type	4
None of the above	3
Public – tribal government providers	1

Note: Respondents could report more than one provider type.

The survey also asked agencies to report the types of post-employment services provided by their agency. The most frequently reported employment service provided was childcare (17 out of 24 reporting agencies). Agencies reported providing a mean of 2.2 (ranging from 0 to 4) different types of employment services. The response option with the second highest frequency was transportation (15 out of 24 reporting agencies). Of the 12 agencies that reported "other" types of employment services, responses included: transitional food stamps and transitional Medicaid, Medicaid and SNAP, clothing and tools for work, car repairs, work supplement, case management, employment counseling and mediation, assistance with job related expenses, job retention services, and other types of emergency aid. One additional type of employment service provided included skills/employment training (9 agencies). Two agencies provided none of the employment services listed.

SUMMARY OF CASE STUDY RESULTS

ICI and InfoUse staff conducted case studies of five states purposefully selected to provide detailed contextual information on coordination and funding for post VR services for individuals exiting VR services with an SE outcome. The case studies included extensive analysis of state and local data, review of SE-related documents both prior to and following the site visits, and interviews with key representatives of state VR and their partner agencies. The case studies were designed to elicit information useful in understanding the range of practices that VR systems might use to ensure that VR SE funding is maximized through partnerships and funding models. The five states studied were Maryland, Minnesota, New Mexico, New York, and Washington (see methodology section for details on the selection process).

Description of State Vocational Rehabilitation Agencies

Maryland

The Maryland Division of Rehabilitation Services (DORS) system has longstanding partnerships with the state's Mental Hygiene Administration (MHA) and its Developmental Disabilities Administration (DDA). The major providers of long-term support within the state are DDA (through CRPs) and MHA (primarily through specific MH treatment providers). Formal MOUs exist with both DDA and MHA outlining service agreements and guidance for referrals and funding. In addition, Maryland DORS is the provider of long-term support for a special state-funded program targeted to the employment needs of people with acquired brain injuries.

The DORS uses primarily hourly rates under fee for service, and also has a pilot milestone payments system for several evidence-based SE sites throughout the state. The current plan is for DORS to implement a milestone pay-for-performance system for all evidence-based SE vendors statewide. Long-term support is provided differently through DDA and MHA. DDA uses a 1915(c) Home and Community Based Services (HCBS) waiver to fund its long-term support. A wait list exists within DDA for services under HCBS, though this is not specific to SE but to eligibility for any waiver-funded services. MHA uses a combination of Medicaid Rehabilitation Option and Mental Health Block Grant funding to support its long-term services for clients in SE. DORS and MHA have developed an innovative braided funding and expedited eligibility model. This model creates incentives around evidence-based Supported Employment to provide seamless short-term and extended support services to mutual clients. There is currently an effort to develop a similar program with DDA. Both MHA and DDA clients must meet certain levels of functional need in order to be eligible for their respective funding sources.

DORS provides best-practice guidance under its SE regulations as to the determination of "stability" so that transition to extended services can be accomplished. For individual SE, the transition is appropriate if the individual requires hours of intensive intervention/assistance that equals 25 percent or less of the hours the individual is working and the individual has reasonably met all of the objectives under the IPE. For group models (fewer than 8 people in a group), transition occurs when the individual has acquired at least 75 percent of the skills that he or she was targeted to learn and has reasonably met all of the objectives on the IPE.

Group models do not apply to individuals in evidence-based Supported Employment. An individual must be transitioned to extended services if he or she is receiving intervention that is 25 percent or less of their work hours over a 60-day period. (The determination of whether the job placement meets the definition of "competitive" in terms of wages/benefits will be made at the time of transition to extended services.) There are no formal policies regarding use of natural supports under long-term intensive services, but such supports are generally encouraged, especially by DDA. The use of natural supports is highlighted less often under the evidence-based Supported Employment methodology that MHA encourages in many sites.

Minnesota

The Minnesota Department of Employment and Economic Development (DEED), of which the Division of Vocational Rehabilitation Services (VRS) is a part, has had longstanding interest in Supported Employment. MN was one of the first states to focus on SE as part of its overall service delivery system, especially within its Developmental Disability (DD) services. The major providers of long-term support within the state are the CRPs and DTHs (Day Training and Habilitation providers). Medicaid, the county-based IDD system and the county-based MH system fund both types of providers. The MH system uses both CRPS and specific MH treatment providers. There are HCBS waivers for adults with DD/ID, a TBI waiver, county-funded SE (DD/ID and MH), State Extended Employment via DEED/VRS, Regional Adult MH Initiative Funds, Adult Rehabilitation and Mental Health Services through the Medicaid Rehabilitation Option (this is only for employment related services, not direct SE in MN).

In addition, MN DVR operates in an environment that has a state-funded long-term support funding stream (State Operated Services, or SOS) operated by the Enterprise Division of the MN Department of Human Services that includes residential, treatment, and day services (which may include SE). SOS provides a range of state-operated services (operated in an enterprise model) including: institutional adult mental health services, chemical dependency treatment, intensive residential treatment, community behavioral health hospitals, Child and Adolescent Behavioral Health Inpatient Services, forensic, IDD residential services (ICF/MR), day training and habilitation, Brain Injury Neurobehavioral Rehabilitation, dental clinics, and Intensive Therapeutic Foster Care Homes. Some of the SOS Intermediate Care Facilities for Persons with Intellectual Disabilities (residential programs formerly operated as ICF/MRs) and SOS operated Day Training and Habilitation (DTH) programs operated provide SE as a part of their programs. Also, MN has a state-funded Extended Employment support services fund that is administered by the MN DVR. There are no MOUs currently in place between MN DVR and its sister agencies in IDD and MH.

MN uses a milestone payment model to fund its time-limited support for SE. The VR program funds placement services through a milestone/outcome system referred to as Performance Based Agreements (PBA). The PBA rates are the same for competitive employment with SE or without support. Time-limited services, including job coaching, are considered part of the milestone/outcome payment system. For extended service funding, the IDD agency uses a combination of county IDD general revenue and the 1915[c] HCBS waiver, but this is capped so it is often difficult to access. In addition, there is a TBI waiver that can be used for extended supports for eligible clients under this program.

There are several home and community based 1915(c) waivers that include SE as a service option (DD/Developmental Disabilities, CADI/Community Alternatives for Disabled Individuals, and TBI/Traumatic Brain Injury). In addition, the IDD system does provide SE as a service under DTH programs. All the home and community-based waivers in Minnesota are capped by the legislature to slow

growth and prevent expansion. The counties are the local IDD and MH authority in Minnesota. Local counties may choose to contact with local providers (CRPs and DTHs) for supported employment, and may use local tax level funds or other funds passed through to them by the state, such as social services grants and adult mental health initiative funds.

For those with no other extended support options, Minnesota DVR has a state-funded Extended Employment (EE) services pool of financial resources which can support people not otherwise able to access these non-VR managed extended supports. Minnesota VRS manages this state-funded program. The EE program is an outcome-based program that funds CRPs and is guided by a state rule. Providers are reimbursed based on the hours an individual works. The EE program provides funding for center-based employment, community employment, and supported employment. Each provider has an annual grant contract that caps the amount of total reimbursement from the EE program.

The EE program has not experienced significant increases in funding from the legislature, and program growth has been restrained by legislative appropriations. The EE program has encouraged movement towards supported employment. Rates are highest for SE, and annually providers are also allowed to "convert" center-based "slots" to supported employment. Many CRPs that administer EE programs require an individual to have additional funding through their local county as the payments are not "cost-based." Currently, EE provides funding for both center-based and non-center-based services, with a strong encouragement from DVR that more of these services should be community employment based. Some providers will only add SE customers if they can access both EE and county support as the EE funding gives each provider a maximum annual budget.

VR provides guidance regarding transition from time-limited vocational rehabilitation services to ongoing extended services funded by a non-VR source. The guideline states that this transition should occur when the consumer has made substantial progress toward meeting the hours-per-week work goal established in the Employment Plan and the consumer is stabilized in the job.

Minnesota uses this same guidance as to specific strategies for when it might be appropriate to use natural supports as the extended service option. Policy guidance materials were developed by PACER Center's natural supports program, and recommend that the employer should be in agreement from the very beginning that he or she will be involved in providing supports. This should be established during the job development stage. The employer also needs to be involved in the decision about whether they will need assistance in providing supports long-term or if they are willing to be the primary source to provide or arrange supports.

If the employer is receptive from the beginning, an on-site assessment can be used to ensure that the employer is actively involved in learning how to provide the needed supports. This assessment helps determine whether supported employment using naturalistic interventions is appropriate. If after assessment the employer continues to agree that, with an additional period of supported employment services, he or she will assume all responsibility for arranging or providing needed supports, it would be reasonable to write an Employment Plan with the employer as the source of extended services.

New Mexico

The New Mexico Division of Vocational Rehabilitation (DVR) operates in a unique environment. They are party to a long-standing law suit (the Jackson Class Lawsuit) involving deinstitutionalizing people with IDD from state institutions and providing community services to the affected constituents, overseen

by court-appointed monitors. Formal MOUs exist with both the state IDD agency and with Optum Health, which manages the public MH system in the state.

Because of the court case there are two sets of rates for SE time-limited services used by DVR. Both are milestone-based, but the Jackson class rates are almost double ($6800 total of all versus $3800 total for non-class clients). Because of the geographic and cultural diversity of the state (rural, urban, frontier; Hispanic, Native American, Anglo population centers), DVR allows local offices to develop individual rates for placement and assessment services, some of which may dovetail with SE services. In one innovative example, a local office in Roswell developed its own funding fee-for-service model (monthly per-client rate) under local agreement in order to allow the local MH center to create an employment services unit.

The major providers of long-term support within the state are community rehabilitation providers and many individual contractors who offer both placement and support services, including, in some cases, extended supports. Where employment is offered in the MH system, it is delivered by the comprehensive MH treatment centers, which include case management and community support services. However, as was clear from the interviews, employment is currently not a major priority of the MH system of care and is not emphasized through Optum Health under its state contract. Nonetheless, the MH state plan allows for a service category of Continuing Community Support Services (CCSS), which could be accessed for the clinical support needed as part of extended supports should the MH authority choose. Long-term support is provided primarily through the state IDD Home and Community Based waiver authority, as well as through state IDD funding for clients who are not eligible for waiver services or who are on the wait list for those services. Both IDD and MH clients need to meet certain levels of need for their funding, but this is not specific to SE.

The use of natural supports is encouraged, especially within the IDD employment system, but there is no specific mandate or guidance relating to it through DVR. There is also no formal definition of "stabilization" within the DVR policy prior to transition to extended services; this definition is left to the clinical judgment of the counselor. There is a formal notification letter expected whereby the source of extended supports provides a letter to DVR confirming this obligation.

New York

The New York State VR agency is officially titled Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR). NY is a large, complex system with many levels of funding and policy authority in IDD and MH at both the state and county levels. ACCES-VR, as is typical for state VR agencies, is a centralized state system.

NY ACCES-VR has an existing MOU on supported employment from 1999 (based on a 1992 NY state law) with several state agencies. This MOU describes how state agencies must cooperate and coordinate efforts, including funding and data collection, to support integrated employment for individuals with disabilities. The state is in the process of updating the MOU to reflect changes in funding mechanisms and requirements. When implemented, it will serve as a template for cooperation and coordination in SE among ACCES-VR and its state agency partners: the New York State Office of Children and Family Services Commission for the Blind and Visually Handicapped; the New York State Office for People with Developmental Disabilities; and the New York State Office of Mental Health.

The major providers of long-term support within the state are the *community rehabilitation providers with contractual or funding relationships with the VR system*, the IDD system (both state and county), and the MH system (both state and county). The IDD system uses networks of community providers, while the state and county MH systems use MH treatment agencies, both state-operated and private providers.

Upfront funding through ACCES-VR is done through hourly rates and slots through specific SE contracts with the hope of moving towards milestones for CRPs (including for SE) in two years. IDD also has a separate IDD SE project (Enhanced Supported Employment) for those clients deemed in consultation with ACCES-VR that the level of intensity even of upfront services is too significant for VR to assume on its own. The Office of Mental Health has state-funded (non-Medicaid) contracts for overall employment ($440,000 per 100 clients). For long-term support, the state IDD agency uses HCBS (but is moving towards an 1115 "managed care" Medicaid waiver, which will include vocational supports) or state IDD funds.

In New York, unlike other states, usually VR or CRPs know about clients before IDD eligibility and funding is established. Therefore, it is rare for IDD to commit to fund SE prior to VR funding. Long-term support funding is delivered through the Medicaid HCBS within the IDD system. Furthermore, MH has a Medicaid Rehabilitation Option labeled PROS (Personal Recovery Oriented Services) that can support long-term SE services, as well as a state line item for employment contracts in MH. In addition, VR has a $10,000,000 state line item for extended services in community SE for clients without other state long-term support. Unlike in other states the line item is often used for those awaiting IDD eligibility and funding determinations and for individuals not covered by other systems (individuals with traumatic brain injury (TBI) or learning disability (LD). As with most other states, access to MH or IDD funding (not specific to SE) requires that clients be at a certain level of functional need.

Natural supports are not highlighted as specific elements of the ACCES-VR SE policy, but they are nonetheless encouraged. There is no formal policy in VR, but natural supports are generally seen as part of a provider-funded support network. *However, contract guidance to providers on billing for extended services recently highlighted the application of natural supports.* In the current VR policy, stabilization is seen as occurring when the individual's work performance plateaus and the job coaching and related interventions have faded to the lowest level necessary to maintain the individual in employment. Stabilization generally occurs when intervention level fades to less than 20 percent of the work week for a period of at least three consecutive weeks. There is significant discussion underway at the central VR administrative office to eliminate these specific measures, and simply to require that the counselor make an individual judgment in consultation with the client and the provider.

Washington

Washington Division of Vocational Rehabilitation (DVR) has longstanding relationships related to interagency linkages with both IDD and MH. Services in both MH and IDD are generally provided through county (DD) or regional (MH) authorities with state support. Washington has long been one of the leaders in Supported Employment for people with intellectual/developmental disabilities nationally, and the state IDD agency has been acclaimed as a national pioneer of the Employment First movement. There is a current MOU with DD, and the one with MH (the Division of Behavioral Health and Recovery, or DBHR) is in the process of being updated.

The major providers of long-term support within the state are the state and county IDD agencies (through CRPs) and DBHR (primarily through specific MH treatment providers). There is also a specific

interagency agreement in place between the WA DVR and King County (Seattle area) MH agency. King County has a specific local pool of money through a millage tax that it has dedicated to Supported Employment for people with mental health problems.

WA DVR upfront funding is delivered through a three-tiered milestone system (based on the judgment of the counselor of level of severity of disability and intensity of services needed). Long-term support is provided through the IDD state HCBS as well as state IDD funding dedicated to employment as part of the Employment First policy. DBHR has provided extended support within the mental health system over the last several years through its Medicaid B3 (i.e., optional versus mandated Medicaid services) waiver. However, this waiver is not available in all regions; it is currently under threat and probably will be eliminated in the next fiscal year due to budget shortfall statewide.

The funding model in King County uses school-to-work fee-for-service monthly funding up front for IDD transition-age students. Then DVR pays a lump sum to reimburse providers at placement. As noted earlier, King County MH has county millage dollars to pay for SE, as do many county IDD authorities.

There is currently a wait list for HCBS waiver under IDD but that agency can use state IDD funds to fund supports for non-waiver-eligible clients. Both IDD and DBHR/MH clients need to meet certain levels of need for their funding, but this is not specific to SE. DVR accepts a promise that IDD will find support for anyone placed even if not on waiver. The MH system is much more problematic because many regions have no clearly identified sources of employment support for its clients throughout the state.

Natural supports are not mandated as specific elements, but their use is encouraged and highlighted within DVR SE policy. They are especially valued within the IDD system in the state. DVR allows for this type of extended support as long as specific supports are identified and not just a generic type (such as "co-workers"). The definition of "stabilization" and thus the point at which extended supports are put into place is not defined precisely by the state DVR policy. DVR depends on counselor negotiation to ensure that appropriate long-term supports are available. Previously, a formal commitment letter was used, but this was discontinued.

Partnership Models

Most of the states interviewed have partnerships codified through Memoranda of Understanding (MOUs), most often between VR and MH and IDD systems in the state and often also with the state departments of education. Generally these MOUs serve as statements of general principles and mutual understanding, rather than as operational policies. While the language and structure is often similar from state to state, the practical implications of how any of these collaborations work varies based on personality of agency management, funding availability, and interest in employment of the non-VR parties. IDD is almost always an eager employment partner, but MH systems generally do not go beyond obligatory statements about the importance of employment to recovery.

Some states have designated counselors who work as specialists in IDD or MH, either totally or as a primary designee. NM, for example, has a special MH unit in Albuquerque, though this unit serves only a fraction of the clients with MH problems with whom DVR interacts. All the state VR agencies interviewed had a central office person engaged in SE system issues. The situation is similar in DD. For mental health, there is often a person designated as the Employment Coordinator. However, that person often

has other major responsibilities (e.g., housing coordination), and sometimes spends little or no time on employment issues with or without VR involvement.

There are situations where partnership and collaboration go beyond MOUs, occasional administrative meetings, and front line staff outreach. Three specific situations identified in the site visits demonstrate these additional collaborative components. NM, as noted above, is a party to the Jackson Class law suit, which originally targeted the state IDD system for its lack of community services. But because the NM DVR was made a party to the suit as part of the remedy, it has a very specific MOU with state IDD regarding its responsibilities. These include a concrete funding structure approved by a court monitor; this funding structure is specific to class clients and does not apply to other clients with IDD.

WA DVR has developed a "Willing Partners" initiative with funding contributed by DVR, the WA Medicaid Infrastructure Grant and the state Division of Behavioral Health and Recovery. This initiative provides technical assistance (currently offered through the Washington Institute for MH Research and Training and the ICI) to mental health agencies to increase their capacity to provide employment services, including long-term support, for clients within their systems of care.

The third, Maryland DORS, offers a partnership collaborative example of a different sort. Maryland is a site for the Johnson and Johnson Dartmouth Collaborative on implementing evidence-based Supported Employment. The collaborative has been functioning in Maryland for over five years. Its goal is to assist state MH and VR agencies to coordinate services to clients to increase employment outcomes for those with significant psychiatric disabilities using evidence-based Supported Employment.

MD DORS and MD Mental Hygiene Administration (MHA) have developed exciting and innovative partnership models. They have expedited VR eligibility so that anyone eligible for MHA employment automatically also qualifies for VR services (and anyone referred to MHA employment services must concurrently be referred to DORS). Data is shared across electronic platforms to create a seamless entrance. There are also central office staff in both agencies who identify issues and make recommendations when any system glitches occur. These personnel are in addition to designated VR staff who interact with the evidence-based pilot sites for rehabilitation, vocational, and clinical coordination and troubleshooting. The VR director and the MHA director have both been active in ensuring that this partnership is seen as important at all levels of the organization.

Finally, DORS and MHA have developed a truly braided funding methodology. MHA provides some initial planning/assessment resources for providers for individual clients, and then DORS pays for job development. Once a job is obtained, MHA pays a placement fee. Subsequent to job placement, DORS pays for short-term stabilization support, and when that ends MHA initiates long-term ongoing support.

Funding Models

There is a general consistency among all the states interviewed about funding models used for long-term support vis-à-vis those clients with intellectual/developmental disabilities who can access state or county IDD services. All the states included in the case studies as well as the overwhelming majority of the states in the US use 1915[c] Home and Community Based Services (HCBS) waiver for community support, including long-term intensive Supported Employment services for clients with intellectual/developmental disabilities. An increasing number of states have developed waiting lists for

these services; some of these waiting-list states are able to still provide the extended support pursuant to VR short-term funding regulations through state funding until the wait list opens up.

Long-term funding for clients with psychiatric disabilities who are joint clients of the Mental Health and VR systems is much more problematic. Unlike for people with IDD, HCBS waiver services are quite limited for people with mental health problems due to the "IMD exclusion." Clients who have been in an institution or large nursing home or specialized residential setting focused on treating their mental illness (Institute for Mental Disease, or IMD) are not in places that Medicaid pays for. Therefore, they cannot be covered under the HCBS waiver, which requires that HCBS is revenue-neutral (i.e., allows Medicaid to save money it would otherwise spend). Therefore, for a mental health system to offer long-term support the options that remain are:

- Use general mental health funds from state appropriations or from the Mental Health Block Grant.
- Provide community supports through the Medicaid Rehabilitation Option, which come with restrictions regarding the use of Medicaid funds for certain employment services.
- Develop a model of funding under the new 1915[i] Medicaid authority that essentially allows the development of an HCBS option for mental health, including Supported Employment, without the revenue-neutrality exclusions.
- Tap into a state-funded extended supports funding model, which only a limited number of states have (in our case study sample, only Minnesota and New York).

For the Medicaid options above, even when they do exist in a state, SE supports are always just an option. Such services are not mandated under federal Medicaid rules, so states have to make fiscal choices as to which allowable services they choose to fund (and have resources to fund) under Medicaid waivers or options. In this era of major state budget shortfalls, support for employment by mental health agencies funded through Medicaid is increasingly rare.

Regardless of the type of long-term support, many VR agencies are moving towards milestone payments for the up-front funding. There are usually three to five pay points involved with some minority amount available to providers pre-placement for planning and job development (usually between 15 and 30 percent). The other pay points are usually at placement and then at 90 days (in Maryland, this occurs at 45 days because the perceived drop-off between 45 and 90 days is considered quite small). There are also sometimes one or two other pay points between placement and case closure.

Some support models take into account service intensity or higher functional needs (WA DVR) or legal issues (NM for Jackson Class clients). Other models create incentives around higher-paying jobs (e.g., above SGA) or jobs with benefits. The funding for extended supports through IDD or MH, when it exists, is usually done on a "slot" or hours-of-service basis. Medicaid rules, in particular, make it difficult to incorporate pay points or even incentive payments for higher quality service into its funding formulae. State-funded programs not relying on Medicaid for long-term support have much more flexibility to create innovative funding strategies.

What is clear is that the availability of funding for long-term supports impacts the practical application of these definitions or policies where they exist. In the absence of funding constraints, there is very little philosophical or academic discussion of the time at which these concepts come into play. Until such time

as system fiscal issues intrude, most VR agencies and their partners are comfortable with line staff (VR counselors, IDD/MH case managers, or employment providers) exercising individual judgments about an appropriate transition point from VR short-term support to long-term supports provided by others. The regulatory exception is the long-standing 18-month limit on VR service dollars adhered to except in very rare waivers based on individual needs.

Maryland is trying to develop a method for using Ticket to Work funds to supplement other resources for employment. This model is in its early stages, but has as an Employment Network (EN) in one regional MH authority. This MH authority, with the assistance of DVR, has worked with several MH providers, who became part of the EN. The MH regional entity tracks and does all the administrative paperwork with Maximus and SSA. After deducting a modest administrative fee (10-15 percent), it will return any TTW monies captured to the provider.

SUMMARY OF FINDINGS: IMPLICATIONS FOR VR POLICY AND PRACTICE

Definitional Issues

There is no common understanding across states regarding definitions, policies, or procedures related to supported employment issues. These issues include when job stability occurs, integrated employment, whether group models are considered as employment, maximum number of job coaching hours needed before transition occurs, and use of natural supports. The survey responses, as well as information gleaned from the site visits and interviews, indicate that no consistent definitions occur across state VR agencies. Nevertheless, there is a consistent expectation that transition to long-term support should be planned early as part of the IPE and not left to last-minute planning.

Some states such as New Mexico require a letter of commitment of long-term support prior to initiating short-term VR SE money. However, the majority of case study states as well as those responding to the VR survey expect the counselor (perhaps with input from the immediate supervisor) to exercise due diligence and competent clinical judgment to ensure that such a commitment has been made. Similarly, the point at which job stabilization is said to occur is almost always left up to VR counselor's clinical judgment, in consultation with the client and the SE provider, rather than being triggered by any statistical indicators such as hours of job coaching needed. Two states (Maryland and New York) now have a policy with specific numerical triggers. However, New York is planning to loosen that standard to rely more on situational assessments completed by VR line staff.

While most states give credence in policy guidance to using natural supports, it does not appear that the majority of state VR agencies have a structured approach to the use of this technique. There are exceptions to this pattern; for example, New Mexico has a strong focus on natural supports as one preferred long-term support technique and anecdotally identifies frequent use of this approach for ongoing SE interventions. In some cases, NM DVR has put into place a long-term support plan delivered by individuals who, as contracted providers, also were the source of the upfront services for which DVR paid. On the other end of the spectrum, NY ACCES-VR has no formal policy on natural supports. Natural supports are not part of a formal overall long-term support plan per se, but as part of a provided funded support network for the individual. Most states interviewed employ a similar policy to Washington DVR regarding use of natural supports for long-term services post VR. Washington DVR allows for natural supports as long as specific supports are identified rather than just as a generic natural support (e.g., "co-workers").

Common Problems Regarding Long-Term Funding

There were some common themes that arose regarding the provision of long-term support funding for clients for whom the state VR agency wanted to or did provide initial SE services. The IDD system most often used the 1915(c) HCBS waiver to fund its commitment to long-term support. This source is well positioned in terms of its focus. However, it is becoming much more usual that state agencies have to develop a wait list for HCBS services. This may impact state VR agencies' ability to fund the up-front

support if the IDD system cannot commit to the long-term intervention needed within the 18-month time frame or at the point at which job stability is achieved.

It is our observation that MH systems nationally are finding it increasingly problematic to prioritize employment (and thus long-term employment funding) within their respective systems of care. Two of the states surveyed (Maryland and New York) are in relatively rare company in that their states' MH systems have developed state- level funding to support employment. Washington State has been able to use Medicaid waiver authority under optional services to provide employment support in some regions of the state, but this method looks like it will be eliminated due to that state's budgetary decisions related to its current fiscal deficit.

DD and MH systems are the most common sources of long-term support, often using state Medicaid funds to pay for this. It is difficult for VR agencies to identify sources of long-term support post VR funding for VR clients who may need SE but are not eligible for services from IDD or MH agencies (e.g., people with learning disabilities, chronic physical impairments, traumatic brain injuries). The exception to this is when there are special state services (e.g., state long-term support funds as in New York or Minnesota; special state brain injury funding as in Maryland; TBI waiver funding in Minnesota). Where state long-term support pools do exist, their relatively small size limits their availability.

The VR agencies interviewed for the case studies all ensure that long-term funding is in place, if not at the time of the IPE, then certainly during the service period before any successful case closure is reached. Since the client is no longer served by or in touch with the VR agency, it is very difficult to monitor the quality or the continued availability of the long-term support unless the public agency, the client, the provider, or an advocate reaches out to the VR system at some point post VR involvement.

Natural supports approaches for long-term SE interventions have been touted nationally in academic circles over the last 20+ years. However, it is difficult for VR agencies to locate specific natural supports that can be available and effective over the long term. There is also some ambivalence within VR systems as to how reliable and durable a commitment can be from any natural support sources that may be named within an individual plan for employment (IPE).

State VR agencies struggle internally with how specific any "triggers" should be that indicate the need to transition to long-term supports. Often, long-term support agencies (e.g., DD, MH) assume that VR funding is to be expected for the full allowable 18-month limit within federal regulation. Because VR services are based on individual needs, many agencies are reluctant to codify numerically specific transition points at which job stability has been achieved (such as by number of job coach hours needed).

Where resources are plentiful and no wait lists for long-term funding exist, there is not much concern or disagreement between VR and other agencies or providers. As fiscal scarcity becomes more common nationwide, both within VR and in its partner agencies, we can anticipate more discord when agencies discuss issues of job stability and transition to long-term supports.

There is no common definition of integration across state agencies. There is also no agreement on the appropriateness of group models versus individual employment, or on whether sub-minimum wage placements in the community are acceptable. While the needs of the client directing the appropriateness of any job placement should be paramount, there may be a need for state VR agencies and RSA to grapple more directly with definitional issues beyond the sanction against sheltered employment as a VR

outcome. Such discussions may help move forward the overall policy goals that state VR agencies and RSA espouse towards full citizenship and community inclusion of the constituents they serve.

Creative Solutions to Long-Term Funding

Some creative strategies arose regarding the provision of long-term support funding for clients for whom the state VR agencies wanted to or did provide initial SE services. The availability of state-funded long-term support pools (as in NY and MN and in MD for people with Acquired Brain Injury) enables VR to provide SE services to clients for whom agency resources through MH and IDD may not be used due to their disability or level of need. States that have a strong MH commitment to employment and specific employment funding available, as with NY Office of Mental Health and the Maryland Mental Hygiene Administration, make SE services using VR initial support much more feasible for their clients.

More IDD systems are adopting an "Employment First" policy (Washington IDD is the bellwether in this regard) that directs all or most of their day-service funding towards employment. Having IDD be such a strong partner in employment service provision enables VR to serve IDD clients with the most significant disabilities much more efficiently and effectively through SE service interventions.

Many states recognize the comparative paucity of funds available to state VR agencies in terms of need and in terms of the size of VR budgets relative to IDD or MH service dollars. Therefore some states, such as New York, are setting aside funding, not just for long-term support but to serve clients who have intensive needs and for whom referral to VR for start-up SE funding would be clinically counter-productive. These resources allow VR to stretch its limited dollars further to serve more clients, including those from the MH and IDD agencies. It also leaves open the option of referral to VR for people who might be first receiving employment interventions outside of VR.

Braided funding models help agencies use financial resources more efficiently. Maryland DORS's collaboration with the MH agency around streaming funding into services sequentially and serially until long-term support from the MH agency occurs appears quite effective. Another funding strategy identified through the interviews was Washington DVR's arrangement with the King County school system, whereby local education authority school-to-work funding is used by the school to secure placement/job-development efforts and then DVR pays the school upon placement. Long-term support is then offered by the county IDD system.

As more and more VR agencies use a milestone/payment point approach, this funding structure holds providers more accountable and encourages long-term support systems such as in MH and IDD to include similar methods in their own employment funding. Another innovative example of funding creativity was how a local VR office in Roswell developed its own funding fee-for-service model (monthly per-client rate) under local agreement in order to allow the local MH center to create an employment services unit. The unit then used VR fees to do job development and early job coaching before transitioning individuals to long-term support under its MH center contract with the state.

Transferable Issues for Other State VR Agencies

The survey and case study effort raised several issues that are fodder for further discussion and review. First, there is a need for further clarification, guidance, and consensus on indicators of job stability and on what constitutes integration in employment (i.e., acceptable employment settings for SE). Job stability

indicators should lead towards shifting resources for long-term support funding, and consensus on what constitutes integration would offer clarity across agencies. This effort should create flexible classifications that are responsive to individual circumstances and needs.

Second, there is a need for more exploration of creative models for SE funding that focus on the needs of individuals more than the constraints (real and perceived) of funding sources and service providers. The approach used in MD, through which funds from VR and MH are woven together to support the service needs of individuals served by both agencies, appears promising. Typically, VR and other state agencies fund services for mutual clients sequentially, with VR funding most or all services up through 18 months of employment supports and the partner agency providing the longer-term employment supports. Further consideration of strategies for more "braided" funding mechanisms between VR and other public systems such as MH or IDD seems warranted by the MD experience. One option is funding that gets used sequentially and serially (e.g., A, B, A, B, etc.), rather than just sequentially with VR first and then other systems. This would almost certainly enhance coordination of service delivery around the individual and promote more efficient use of resources by both agencies.

Creating more robust partnerships between MH systems and VR agencies so that employment becomes a more integral (and funded) element within MH recovery-oriented systems of care is another needed improvement. Fewer than half (41 percent) of the VR agencies surveyed reported having formal written agreements with state MH agencies that coordinate funding and oversee service delivery for SE extended services; only 23 percent reported having such agreements with local MH agencies. Moreover, a majority of MH agencies reported that they do not collect data on the total number of people closed into employment by VR for whom they provide ongoing supports. Although 21 of 30 responding state MH agencies reported coordinating delivery of post-employment supports with VR, "informal communication between MH and VR" was the most frequent mechanism used to ensure continuity of service delivery.

Another system improvement, albeit one that is difficult to achieve in a challenging economy, is expanded state funding for extended employment for groups that might not otherwise have access to long-term support dollars (e.g., people with learning disabilities, chronic physical impairments, or traumatic brain injuries). Of the 67 VR agencies that responded to our survey, only 13 reported the availability of a state-funded program for purchasing extended employment services, with funding ranging from $63,000 to over $10 million. Although four of these agencies reported that the state-funded program is not limited to certain disability groups, the most common populations served by the programs included individuals with intellectual and developmental disabilities and individuals with mental illness not otherwise covered by existing funding sources, as well as individuals with TBI. In our view, any current or newly created state extended support program should maximize support for community integrated employment and phase out any supports now available for segregated, non-community-based work environments.

Almost all VR agencies reported that some percentage of individuals who exited VR services with a SE outcome received "natural supports," either alone in combination with paid long-term employment supports. However, very few VR agencies were able to report the exact number of individuals who received natural supports following exit from VR. It is clear from our on-site interviews as well as the extant research on this issue that policy and practice in this area varies dramatically, and that many states lack a structured approach to the use of natural supports. More work is needed to refine and develop practical strategies for VR, partner agencies, and their providers to use in developing strong and sufficient natural supports as part of the long-term services required post-VR in SE.

There is also a need for documentation that the available, appropriate long-term supports promised by a VR agency in an individual's IPE actually occur. Currently, VR agencies must include in individuals' IPEs a description of the expected extended services needed (which may include natural supports), identification of the providers of the extended services, and identification of the source of funding for extended services (or a "statement describing the basis for concluding that there is a reasonable expectation that sources will become available") (34 CFR 363.11(3)(1). However, there is no requirement for VR agencies (or partner agencies) to document the post-VR closure extended services provided.

In light of the statutory and regulatory framework for SE, it is not surprising that most VR agencies are unable to report the number of individuals exiting VR services with an SE outcome whose ongoing employment supports are provided through natural supports or funded through specific sources. To address this issue and inform future collaborative efforts, VR agencies should consider creating some expectation at the time of transferring to long-term support that the entity (public or private agency or provider) offering that commitment report back to the VR agency annually on the status of that individual's employment situation and support needs.

Finally, RSA and Medicaid might consider working together to develop guidance for state Medicaid systems about allowable Medicaid reimbursable expenses under the MH Rehabilitation Option or the new 1915(i) state plan amendment attendant to employment. This would entail examining the appropriate use of Community Support and Targeted Case Management in workplace environments. In general, Medicaid will not pay for things like (1) job skill training and coaching for specific job tasks and functions (e.g., how to work the computer, fryer, phone system, drill press, etc.), (2) tuition for training programs, (3) supplies for work (e.g., boots, computers, uniforms, etc.), (4) speeches to Rotary and other community groups seeking employer engagement, or (5) "cold calls" to employers for generic job leads without a specific client focus. However, most of the long-term supports required in SE, especially for clients with mental/behavioral health challenges, do not require the above but rather more traditional community and case management support. Medicaid can often pay for those traditional forms of support, as long as they are in the client's treatment plan and connected to medical necessity.

APPENDIX A

PROTOCOL FOR VR-RRTC SE CASE STUDY

Contact Information and Introduction

VR Agency _____
Agency contact name_____
Agency contact title_____
Contact phone number_____
Contact email_____

Other contact info as necessary

Introduction: State purpose of interviews, what our information goals are, how we intend to use information, etc. Also ask them to send us available documentation, such as any agency guidelines for SE, cooperative agreements, evaluations of SE program etc., and answer any questions they may have.

Background and Contextual Data

- Number of employment outcomes in 2010 (Sources: VR survey, 911) _____
- Number of SE outcomes in 2010 (Source: 911) _____
- Percentage of all employment outcomes that are SE _____%
- Number of SE outcomes by population 2010 (Source: 911)

Population	**Number**
a. ID/DD	_____
b. Mental illness	_____
c. Physical disabilities	_____
d. Sensory disabilities	_____
e. Transitional youth	_____
f. Other subgroup of consumers (specify): _____	_____

- "Definition" or parameters for SE outcome (Source: VR survey)
  - Minimum number of hours worked _____ Hrs/week or NA
  - Minimum wage earned _____$ per hour or NA

- Types of SE used/number individuals exiting VR in each (Source: VR survey)

Type of SE		No. persons
a. Individual supported employment	Y/N	_____
b. Self-employment entrepreneurism)	Y/N	_____
c. Enclaves	Y/N	_____
d. Mobile crews	Y/N	_____
e. Transitional employment for MI	Y/N	_____
f. Other (specify)	Y/N	_____

- Other key background information from surveys, documents, websites, etc

_____

_____

_____

_____

_____

_____

Research Issues, Study Questions, and Related Data elements

1. Providers and sources of funding for SE

1a. Who are the major providers of SE other than VR including extended services? (Sources: CRP survey, MH survey, ID/DD survey)

- Who are the major providers of time-limited SE services for individuals receiving VR funded services?

  Nonprofit CRPs
  For profit CRPs
  Local public agencies such as CSBs or CMHCs (specify):_____
  State public agencies (specify):_____
  Other

- Who are the agency's 3 largest vendors of SE services? For each, please estimate the number of persons served by the vendor, the total amount of agency expenditure to this vendor for SE services, the percentage that total represents of total agency expenditure for SE services, the number and type (i.e., disability type) of persons served. Also, please comment on the relative quality of services delivered by each vendor.

1._____
_____
2._____
_____
3._____
_____

- What funding approach is used to fund SE placements (e.g., time-limited VR funded services)
    a. Cost reimbursement contracts
    b. Hourly purchase of service rates
    c. "Slot" purchase
    d. Milestone or other outcome based systems (if so, what payment points are used and what percentage of payment is provided at each point

IPE development	_____%
Job placement	_____%
Job stability or retention for specific period of time (specify):____	_____%
VR case closure	_____%
Other (specify): _____	_____%

- If more than one of these methods are used which of these methods produces the best results and why?
  _____
  _____
  _____
- Do contracts or purchase agreements with agency vendors of time limited SE services require that the vendor organization have the capacity and commitment to provide ongoing (extended) support services once the individual exits VR?
    a. Yes
    b. No

1b. What are their major sources of funding (*of extended services*)? (Sources: VR survey and case study)

- What sources of funding for ES are available to individuals who exit this agency with an SE outcome? (Note: *maybe we could ask them to rank in order of number individual supported?*)

    a. DD general revenue
    b. IRWE
    c. Medicaid HCB waiver
    d. MH general revenue
    e. MH Medicaid rehabilitation funds
    f. PASS
    g. Rehab Option of SSA
    h. State general revenue (see below if yes)
    i. Other (specify) _____

- If there is a *state funded program for ES services* (Sources: VR survey, interviews)
    a. What agency administers the state funded ES program?
        1. VR
        2. Other (specify) _____
    b. What is the total amount of funding $_____
    c. Is all funding used for long-term support for persons in SE? *(Note some state funded programs, as in MN, also provide support for individuals in sheltered or nonintegrated employment)*
        1. Yes
        2. No

            What percentage of the total is used for long-term support of persons in SE? _____%
    d. How many individuals who exited VR with a SE outcome received long-term funding support from the state-funded program in the last year? _____
    e. Is any part of the total funding for this program earmarked for specific individuals?
        1. Yes (specify types of disabilities and amount or percentage reserved)

Population	**% reserved**
Deaf	_____
Mental illness	_____
TBI	_____
Anyone for whom other sources are not available	_____
Other (specify)_____	_____

- How would you characterize this agency's use of natural supports for individuals exiting VR in SE? *(Note: this question is (was?) included in Westat survey)*

    a. Routinely use natural supports in preference over other methods
    b. Use natural supports at request of individual

c. Use natural supports only when other form of ES not available
d. Other (specify)_____

- Approximately what percentage of individuals exiting the agency last year with a SE outcome received natural supports as their only form of extended on the job support after exiting VR? _____%

- How, if at all does the use of natural supports vary by disability type?

- Does the agency provide VRCs with any written guidance on the use of natural supports?

a. Yes (Obtain copy)
b. No

1c. What populations do they (i.e*., each ES funding source)* serve? (Sources: Interview)

Disability type	**Available sources of ES funding (see list above)**
a. Blindness or visual impairment	_____
b. Deafness of hearing impairment	_____
c. ID/DD	_____
d. LD	_____
e. MI	_____
f. Physical disability (includes TBI)	_____
g. Substance abuse	_____
h. Other	_____

1d. What types of SE services are provided and how are they provided? (Note – *do we mean to ask specifically about services provided post-VR (ES) or both time-limited SE and ES? – am assuming only ES here, but could ask about time-limited services in VR as well)*

- What types of ES services are provided?

a. Any vocational support services that are necessary for individuals to maintain employment.
b. Other (specify(Note: *typically job training, case management, IL skills, etc are not considered appropriate for ES funding*)

1e. What is the role of the VR/SE program within the larger SE delivery system? (Sources: ID survey, Interviews, case study interviews with VR) *Note: responding to this question will obviously entail analysis of data from all sources, especially CRP and ID/DDs surveys, but it may be worthwhile to ask agency representative this question directly.*

2. Availability of resources and placements

2a. How does the availability of funds for SE placements affect the number of individuals who obtain employment with SE supports? (Sources: VR survey, case study) . *Note: This is another question we may want to ask directly of VR representatives in addition to analysis of survey data etc).*

2b. How does the provision of SE services and availability of SE providers and placements vary across states*? (Note: variability "across states" will be addressed in analysis but will need to obtain following for each agency to do so).*

- To what extent is the available supply of SE (time-limited VR funded)vendors in this state adequate to meet the agency's need?
  a. There are an adequate number of SE service providers in all areas of the state
b. There are shortages of SE service providers in certain areas of the state
c. This is a shortage of SE service providers in all areas of the state

- To what extent is the available supply of ES (post-VR funded by other source) vendors in this state adequate to meet the agency's need?
  a. There are an adequate number of ES service providers in all areas of the state
b. There are shortages of ES service providers in certain areas of the state
c. This is a shortage of ES service providers in all areas of the state

- How, if at all does the available supply of ES providers vary by type of disability? What individuals have the most difficulty securing ES funding? (*Note; may have a good idea of this by this point and can reframe question accordingly))*

_____
_____
_____
_____

3. Coordination and collaboration

3a. Are there methods or models of collaboration that can be identified with or across states? (Sources: case study interviews)

3b. Are there states that have developed models of collaboration and coordination that may be promising practices? (Sources: case study interviews)

- Which of the following models of SE best characterizes agency practice? *(Note: Do we want to just to ask this directly?)*

    2. *Model A*: individual is involved with a program of services with the partner agency prior to and during VR services and is referred to VR by the partner agency

    3. *Model B:* individual is referred to VR by the partner agency but the individual is not at that time receiving a program of services from the partner agency; community and support services are initiated during the VR service period

    4. *Model C*: individual is not involved with a partner agency at the time of VR referral individual is not referred to VR by partner agency, and VR arranges for initiation of community and support services during or from

    5. *Other (describe):*_____

- How, if at all, and why, do these models (or agency approaches) vary for different types of consumers served by the agency?
    - ID/DD consumers
    - MH consumers
    - VR consumers with other types of disabilities
    - Transitional Youth
    - Others

- Please describe how referrals for SE services generally occur (e.g., from state or local agency, from CRP serving persons, other) for the following individuals?

  ID/DD consumers
  MH consumers
  VR consumers with other types of disabilities
  Transitional Youth
  Others

- For each model (see previous question) who typically provides ES services? *(Note: would be good to help refine three models to include ES component)*

  a. Same agency or CRP that referred individual ,
  b. Same agency or CRP that provides community/support services during VR
  c. Another agency or CRP?

- Is there a formal written agreement with each partner agency? (Obtain copies if possible)
  a. State ID/DD agency Y/N
  b. State MH agency Y/N
  c. State education agency Y/N
  d. Other state agency Y/N
  e. Community service boards Y/N
  f. Local Mental health agencies/centers Y.N
  g. Local education agencies Y/N
  h. Other local agency (specify)_____ Y/N
  i. Other (specify): _____ Y/N

- If yes, do these agreements specify: (*can omit if we secure copies)*

  a. Number of persons to be served
  b. Number expected to obtain employment
  c. The point at which "job stability" occurs or point at which funding for SE services shifts from VR to ES provider
  d. That the partner agency will provide (or arrange/fund) necessary ES
  e. Other

- What specific services do individuals receive from partner agency prior to VR involvement, during VR services, and following VR closure? (*Note: could do a list or leave open-ended - For each partner agency (e.g., ID/DD, MH, etc)*
  a. Prior to VR:_____
  b. During VR_____
  c. Following exit from VR (ES):_____

- How does the agency define "job stability"? *(Note: possible probes would include the following:*

Goal for number of hours worked per week is met
On-site job coach services fall below predetermined threshold (i.e. 20 percent time or x hours per week)
Job coach contacts individual no more than 2 times month
Individual successfully employed for predetermined length of time
Individual achieves employer defined work goals (employer is satisfied)

- Does the definition of "stability" differ for individual placements and group models? If so, how?
    a. Yes (specify)_____
    b. No

- How long after job stability is achieved do counselors typically wait before placing a case into "employed" status?

- At what point does the does long-term funding begin (i.e., when does funding for services needed to maintain the individual in employment shift from VR to another source)?
    a. At point of job stability
    b. At point individual enters "employed" status (i.e., some number of days after job stability is achieved)
    c. At case closure
    d. Other

- How long after job stability is achieved does VR close the case?_____ days

- If ES funding is initiated prior to case closure, how does the agency monitor the progress of individuals during the transition between job stability and exit from VR (i.e., how confirm receipt of ES)?

    a. Regular contact with employer
    b. Regular meetings with individual
    c. Through monthly reports from ES provider (job coach)
    d. Other (specify): _____

- Does the VR agency confirm receipt of extended services following an individual's exit from VR?
  a. Yes
     For how long after case closure:_____ days/weeks/months
     Through what means does the agency confirm ES?
     a. Formal communication between partner agency and VR (Specify)
  b. Informal communication between partner agency and VR
  c. Formal communication between CRP providing ES and VR
  d. Informal communication between CRP providing ES and VR
  e. Other (specify)_____

b. No

- How, if at all does this process vary by disability type of individual served?
- What are this agency's greatest impediments to expanding or improving its SE program(s)?

_____
_____
_____
_____
_____
_____

- What other information could you provide to help us understand your agency's approach to providing SE services?

_____
_____
_____
_____
_____

- Do you know of any promising practices in funding and/or coordinating extended employment services in your state or any other state?

_____
_____
_____
_____
_____

APPENDIX B

2011 NATIONAL SURVEY OF STATE VOCATIONAL REHABILITATION AGENCIES

Note: The survey in this appendix contains the definitions of employment services settings used across survey instruments and documented in this report. Additional survey instruments are available from the authors by request.

The 2011 National Survey of State Vocational Rehabilitation Agencies

To complete the survey online, please go to:
www.VRsurvey.org

The survey will ask for your code #.
Enter the code XXX

Please complete the survey by [month date, 2011].

Questions? Contact the VR survey team:
Phone: 1- 617-287-4315
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About This Survey

This survey is conducted by the Vocational Rehabilitation - Rehabilitation Research and Training Center (VR-RRTC) at the Institute for Community Inclusion / University of Massachusetts Boston (ICI / UMB). The research is jointly funded by NIDRR and RSA and endorsed by the CSAVR Rehabilitation Research Committee.

The purpose of the survey is to better understand how state VR agencies operate within states and how this differs across states by collecting information on VR agency characteristics. This information will be used to develop state-by-state maps of public employment service delivery, highlighting the role of VR within this constellation. *The information collected will not be evaluated in any way but used for descriptive purposes only.* Survey findings will be made available through the VR-RRTC website (www.VR-RRTC.org).

Instructions:

The survey contains several types of questions. These instructions will show how to answer each type of question. The survey is divided into four sections. After answering a few questions about your position within the state VR agency, section A asks about your agency's organizational structure, programs, and staffing; section B focuses on core organizational functions and your agency's control over these; section C asks about interagency partnerships; section D deals with your agency's practices and arrangements for supported employment extended services.

- Some questions are answered by checking a choice from a list. You answer the question by checking a box, like this:

  ☑$_1$ Yes
  ❑$_2$ No

- Some questions are answered by entering numbers into one or more spaces. You answer the question by filling in the number on the spaces, like this:
  _1975_ (YYYY)

- You will sometimes be instructed to skip one or more questions, based on an answer you provide. In this example, if your choice is 'No,' you skip to questions B5; otherwise, you continue to the next question.

  ❑$_1$ Yes
  ☑$_2$ No → SKIP TO B5

Your Rights as a Participant:

Filling out this survey is voluntary. Any questions you do not want to answer can be skipped. The information provided will not be confidential. It will be used to describe the VR system both at the individual state and national level.

If you have questions about the study or would like to complete the survey over the phone or in an alternative format, please contact Heike Boeltzig, Ph.D., Project Coordinator, at 617-287-4315 or heike.boeltzig@umb.edu.

If you have questions about your rights as a research participant, please contact the UMB Institutional Review Board (IRB) at 617-287-5374 or human.subjects@umb.edu.

About You

This section asks about your position within the state Vocational Rehabilitation (VR) agency and how long you have been with VR.

1. This survey is intended to be completed by the **State VR Director**. Are you this person? *You may still complete the survey if you are not the State VR Director. If you answer "No" below, please specify your title and continue the survey.*

   ❑$_1$ Yes
   ❑$_2$ No − Specify your title: _____

2. How long have you been in this position?

   #_____
   Year(s)

3. How long have you worked for this VR agency?

   #_____
   Year(s)

4. How long have you worked for any VR agency including this one?

   #_____
   Year(s)

Section A: Organizational Structure, Programs, and Staffing

This section asks about your agency's organizational structure, programs, and staffing. This information will help us describe the VR system at the state and national level.

A1. Is the Designated State Agency (DSA) and the Designated State Unit (DSU) the same in your state? *This is specified in your FY2011 State Plan for the State VR Services Program and State Plan Supplement for the State Supported Employment Services Program.*

❑$_1$ Yes - **Continue to A1a and A1c**
❑$_2$ No - **Continue to A1a-A1d**

A1a. What is the official name of the DSU in your state?

Specify: _____

A1b. What is the official name of the DSA in your state?

Specify: _____

A1c. What is the official title of the DSU Director in your state?

Specify: _____

A1d. What is the official title of the DSA Director in your state?

Specify: _____

A2. What is the nature of the DSU Director position? Is it a (n)... **(Check only one.)**

❑$_1$ Appointment − Specify by whom (i.e. person's title): _____
❑$_2$ Civil servant / classified position
❑$_3$ Unclassified position / management
❑$_{95}$ Other - Specify: _____

A3. To whom does the DSU Director directly report (i.e. who does your performance review)?

Specify the person's title: _____

A4. Since FY2005, has the DSU merged or consolidated with another agency?

❑1 Yes - **Continue to A4a**
❑2 No - **Skip to A5**

A4a. Did this result in a change of location of the DSU within the government structure?

❑1 Yes − Explain:_____
❑2 No

A5. For each program listed below, please indicate where it is located within your state government structure.

Program	For each program, check **only one** box.		
	DSU	**DSA** (if different from DSU)	**Other state unit or entity**
a. Disability Determination Services (DDS)	❑1	❑2	❑3
b. Higher Education	❑1	❑2	❑3
c. Intellectual and Developmental Disabilities (IDD)	❑1	❑2	❑3
d. Medicaid	❑1	❑2	❑3
e. Mental Health (MH)	❑1	❑2	❑3
f. Primary and Secondary Education incl. Special Education	❑1	❑2	❑3
g. State Labor / Workforce Development System	❑1	❑2	❑3
h. State agency for aging / seniors	❑1	❑2	❑3
i. Substance Abuse	❑1	❑2	❑3
j. Welfare / Temporary Assistance for Needy Families (TANF)	❑1	❑2	❑3
k. Workers' Compensation	❑1	❑2	❑3
l. Other program − Specify:_____	❑1	❑2	❑3

A6. Below is a list of **programs covered under the 1973 Rehabilitation Act**, as amended. For each program, please indicate where it is located within your state government structure.

Program	For each program, check **only one** box.			
	DSU	**DSA** (if different from DSU)	**Other public or non-public entity**	**Not applicable**
a. Assistive Technology (AT) State Grant Program	❑1	❑2	❑3	❑99
b. Client Assistance Program (CAP)	❑1	❑2	❑3	❑99
c. Independent Living Services for Older Individuals who are Blind	❑1	❑2	❑3	❑99
d. Independent Living State Grants	❑1	❑2	❑3	❑99
e. Migrant and Seasonal Farm Workers	❑1	❑2	❑3	❑99
f. Projects with Industry	❑1	❑2	❑3	❑99
g. Randolph Sheppard Vending Facility Program	❑1	❑2	❑3	❑99
h. Recreation Programs	❑1	❑2	❑3	❑99
i. Supported Employment State Grants	❑1	❑2	❑3	❑99

A7. Does your state have an American Indian VR Services (AIVRS) / Section 121 Project?

❑1 Yes - **Continue to A7a**
❑2 No - **Skip to A8**

A7a. Who is the primary grant holder of this project?

Specify: _____

Questions A8 − A10 ask about program staffing including specialized staff.

A8. Please report the **total FTEs of staff** currently employed by your state VR agency (DSU)? *Please do not include contractors. Only include employees on the state's payroll system.*

#_____ FTEs

A9. For each program listed below, please report the **total FTEs of staff** working at all levels for the most recently completed FY. Of the total FTEs, report how many were funded by Title I and / or by another source.

Program	Report total FTEs of staff at all levels	How many were funded by …	
		Title I	Other source
a. AT State Grant Program	#	#	#
b. Disability Determination Services (DDS)	#	#	#
c. Independent Living State Grants	#	#	#
d. Supported Employment State Grants	#	#	#
e. Randolph Sheppard Vending Facility Program	#	#	#
f. VR Services / Basic Supports Grants	#	#	#
g. Welfare / Temporary Assistance for Needy Families (TANF)	#	#	#
h. Work Incentives and Planning (WIPA)	#	#	#
i. Other program − Specify:_____	#	#	#

FTEs must be entered in decimal form.
Enter "0" if your state agency does not have this type of program staff at this time.

A10. Does your state VR agency have **specialized staff, i.e. staff who invest 50% or more of their effort** into any of the categories listed below? If so, please report the total FTEs of specialized staff at all levels.

Category	Total FTEs of specialized staff at all levels
a. Benefits Counseling	#
b. Blind / Visual Impairments	#
c. Business Employment Representatives / Placement Specialists	#
d. Deaf / Hard of Hearing	#
e. Ex-Offenders / Corrections / Probation	#
f. Higher Education	#
g. Intellectual and Developmental Disabilities (IDD)	#
h. Mental Health (MH)	#

FTEs must be entered in decimal form.
Enter "0" if your state VR agency does not have any specialist staff in the category.

Category	Total FTEs of specialized staff at all levels
i. Rehabilitation Technicians / Paraprofessionals	#
j. Rural Population / Farmers	#
k. Substance Abuse	#
l. Teachers of Mobility	#
m. Transition / Special Education	#
n. Vocational Evaluators	#
o. Welfare / Temporary Assistance for Needy Families (TANF)	#
p. Workers' Compensation	#
q. Other category − Specify:_____	#

FTEs must be entered in decimal form.
Enter "0" if your state VR agency does not have any specialist staff in the category.

Section B: Core Organizational Functions

This section asks about core organizational functions and whether or not your state VR agency has primary decision-making over those. This information will help us describe state VR agency variation in managing these functions, given their unique location within the state

B1. Below is a list of **human resources** functions. Please indicate which entity acts as the primary decision maker for each function.

Function	For each function, check **only one** box.		
	DSU	**DSA** (if different from DSU)	**Other state unit or entity**
a. Decisions on #s of staff	❑1	❑2	❑3
b. Decisions on types of staff / staff classification	❑1	❑2	❑3
c. Recruitment decisions	❑1	❑2	❑3
d. Hiring decisions	❑1	❑2	❑3
e. Staff training	❑1	❑2	❑3
f. Staff promotion	❑1	❑2	❑3
g. Staff performance evaluation incl. disciplinary actions	❑1	❑2	❑3

B2. Where does the primary decision making lie with respect to **human resources**? **(Check only one.)**

❑1 DSU
❑2 DSA (if different from DSU)
❑95 Other entity − Specify: _____

B3. Below is a list of functions related to **infrastructure and Management Information Systems (MIS).** Please indicate which entity acts as the primary decision maker for each function.

Function	For each function, check **only one** box.		
	DSU	**DSA** (if different from DSU)	**Other state unit or entity**
a. Decisions on location of space	❑1	❑2	❑3
b. Decisions on structure of space	❑1	❑2	❑3
c. Decisions on equipment (incl. types, cost and use)	❑1	❑2	❑3
d. Decisions on MIS hardware and software	❑1	❑2	❑3
e. Data analysis and use	❑1	❑2	❑3

B4. Who is the primary decision maker with respect to **infrastructure**? Infrastructure may include decisions about space and equipment (e.g., copy machines). **(Check only one.)**

❑1 DSU
❑2 DSA (if different from DSU)
❑95 Other entity − Specify: _____

B5. Who is the primary decision maker with respect to **MIS? (Check only one.)**

❑1 DSU
❑2 DSA (if different from DSU)
❑95 Other entity − Specify: _____

B6. Below is a list of functions related to **policies and procedures, and finances.** Please indicate which entity acts as the primary decision maker for each function.

Function	For each function, check **only one** box.		
	DSU	**DSA** (if different from DSU)	**Other state unit or entity**
a. Decisions on allocation of fiscal resources	❑1	❑2	❑3
b. Development and implementation of organizational change based on planning / evaluation.	❑1	❑2	❑3
c. Policy development / modification	❑1	❑2	❑3
d. Policy implementation	❑1	❑2	❑3

B7. Who is the primary decision maker with respect to **policies and procedures** affecting the operation of the VR program (such as hours of operation, methods of service deliver)? **(Check only one.)**

❑1 DSU
❑2 DSA (if different from DSU)
❑95 Other entity − Specify: _____

B8. Who is the primary decision maker with respect to **the utilization of funds** for the operation of the VR program (including transfer of funds within programs)**? (Check only one.)**

❑1 DSU
❑2 DSA (if different from DSU)
❑95 Other entity − Specify: _____

B9. Which of the following grants has your state VR agency received in the past five years? **(Check all that apply.)**

❑1 Medicaid Infrastructure Grant
❑2 Work Incentives Planning and Assistance (WIPA) Grant
❑95 Other federal grants − Specify: _____
❑96 Other state / local grants − Specify: _____
❑97 Other grant − Specify: _____
❑99 None of the above

B10. Which of the following types of income from other sources has your agency received in the past five years? **(Check all that apply.)**

❑1 Contracts
❑2 Fees for services (i.e. Workers' Compensation)
❑3 Interagency funding
❑95 Other public source − Specify: _____
❑96 Other private source − Specify:_____
❑99 None of the above

Questions B11-B16 asks about strategic planning, program evaluation, and quality assurance.

B11. Who is the primary decision maker with respect to **planning? (Check only one.)**

❑1 DSU
❑2 DSA (if different from DSU)
❑95 Other entity − Specify: _____

B12. Do you have a structured strategic planning process?

❑1 Yes − Describe:
_____
❑2 No

B13. Do you have a written strategic plan?

❑1 Yes
❑2 No

B14. Who is the primary decision maker with respect to **program evaluation**? **(Check only one.)**

❑$_1$ DSU
❑$_2$ DSA (if different from DSU)
❑$_{95}$ Other entity − Specify: _____

B15. Who is the primary decision maker with respect to **quality assurance? (Check only one.)**

❑$_1$ DSU
❑$_2$ DSA (if different from DSU)
❑$_{95}$ Other entity − Specify: _____

B16. Has your DSU participated in a **major quality management (QA) process** such as Baldrige, Sterling or other process in the past five years?

❑$_1$ Yes − Describe: _____ - **Continue to B16a**

❑$_2$ No - **Skip to B17**

B16a. Was this QA process part of a larger state government quality initiative?

❑$_1$ Yes
❑$_2$ No

Questions B17 and B18 ask about service delivery, i.e. purchasing and contracting Community Rehabilitation Providers (CRPs) or other vendors.

B17. Below is a list of functions related to the **purchasing or contracting of services.** Please indicate which entity acts as the primary decision maker for each function.

Function	For each function, check **only one** box.		
	DSU	**DSA** (if different from DSU)	**Other state unit or entity**
a. Decisions on types of CRPs and vendors	❑1	❑2	❑3
b. Approval of CRPs and vendors	❑1	❑2	❑3
c. Rates for CRPs and vendors	❑1	❑2	❑3
d. Methods of service delivery used by CRPs and vendors	❑1	❑2	❑3
e. Methods of billing and reporting used by CRPs and vendors	❑1	❑2	❑3

B18. Who is the primary decision maker with respect to **purchasing and contracting of services? (Check only one.)**

❑1 DSU
❑2 DSA (if different from DSU)
❑95 Other entity − Specify: _____

Section C: Interagency Partnerships

This section asks about your state VR agency's relationship with other local and state agencies in terms of coordinating service delivery; sharing space, funding for programs and customers, staff, and data; and managing Community Rehabilitation Provider (CRP) and vendor relations. This information will help us describe state VR agencies' role within the public employment service system at the local, state, and national level.

C1. With which of the agencies listed below does your state VR agency formally coordinate **service delivery**?

- ❑1 Department of Corrections
- ❑2 Housing Authority
- ❑3 Local Education Authorities
- ❑4 Local Workforce Investment Boards (LWIBs)
- ❑5 Primary and Secondary Education incl. Special Education
- ❑6 State Intellectual and Developmental Disabilities (IDD) Agency
- ❑7 State Labor or Workforce Development Agency / State Workforce Investment Boards (SWIBs)
- ❑8 State Mental Health (MH) Agency
- ❑9 State Veteran's Administration
- ❑10 Welfare / Temporary Assistance for Needy Families (TANF)
- ❑11 Work Incentives Planning and Assistance (WIPA)
- ❑95 Other agency − Specify: _____
- ❑96 None of the above

C2. With which of the agencies listed below does your state VR agency formally coordinate **supported employment extended services**?

- ❑1 Department of Corrections
- ❑2 Housing Authority
- ❑3 Local Education Authorities
- ❑4 Local Workforce Investment Boards (LWIBs)
- ❑5 Primary and Secondary Education incl. Special Education
- ❑6 State Intellectual and Developmental Disabilities (IDD) Agency
- ❑7 State Labor or Workforce Development Agency / State Workforce Investment Boards (SWIBs)
- ❑8 State Mental Health (MH) Agency
- ❑9 State Veteran's Administration
- ❑10 Welfare / Temporary Assistance for Needy Families (TANF)
- ❑11 Work Incentives Planning and Assistance (WIPA)
- ❑95 Other agency − Specify: _____

❑96 None of the above

C3. With which of the agencies listed below does your state VR agency **share physical space?**

❑1 Department of Corrections
❑2 Housing Authority
❑3 Local Education Authorities
❑4 Local Workforce Investment Boards (LWIBs)
❑5 Primary and Secondary Education incl. Special Education
❑6 State Intellectual and Developmental Disabilities (IDD) Agency
❑7 State Labor or Workforce Development Agency / State Workforce Investment Boards (SWIBs)
❑8 State Mental Health (MH) Agency
❑9 State Veteran's Administration
❑10 Welfare / Temporary Assistance for Needy Families (TANF)
❑11 Work Incentives Planning and Assistance (WIPA)
❑95 Other agency − Specify: _____
❑96 None of the above

C4. With which of the agencies listed below does your state VR agency **jointly fund programs** based on a formal written agreement?

❑1 Department of Corrections
❑2 Housing Authority
❑3 Local Education Authorities
❑4 Local Workforce Investment Boards (LWIBs)
❑5 Primary and Secondary Education incl. Special Education
❑6 State Intellectual and Developmental Disabilities (IDD) Agency
❑7 State Labor or Workforce Development Agency / State Workforce Investment Boards (SWIBs)
❑8 State Mental Health (MH) Agency
❑9 State Veteran's Administration
❑10 Welfare / Temporary Assistance for Needy Families (TANF)
❑11 Work Incentives Planning and Assistance (WIPA)
❑95 Other agency − Specify: _____
❑96 None of the above

C5. With which of the agencies listed below does your state VR agency **jointly fund staff** at any level?

- ❑1 Department of Corrections
- ❑2 Housing Authority
- ❑3 Local Education Authorities
- ❑4 Local Workforce Investment Boards (LWIBs)
- ❑5 Primary and Secondary Education incl. Special Education
- ❑6 State Intellectual and Developmental Disabilities (IDD) Agency
- ❑7 State Labor or Workforce Development Agency / State Workforce Investment Boards (SWIBs)
- ❑8 State Mental Health (MH) Agency
- ❑9 State Veteran's Administration
- ❑10 Welfare / Temporary Assistance for Needy Families (TANF)
- ❑11 Work Incentives Planning and Assistance (WIPA)
- ❑95 Other agency − Specify: _____
- ❑96 None of the above

C6. With which of the agencies listed below does your state VR agency **jointly fund customers** (i.e. blended or braided funding) based on a formal written agreement?

- ❑1 Department of Corrections
- ❑2 Housing Authority
- ❑3 Local Education Authorities
- ❑4 Local Workforce Investment Boards (LWIBs)
- ❑5 Primary and Secondary Education incl. Special Education
- ❑6 State Intellectual and Developmental Disabilities (IDD) Agency
- ❑7 State Labor or Workforce Development Agency / State Workforce Investment Boards (SWIBs)
- ❑8 State Mental Health (MH) Agency
- ❑9 State Veteran's Administration
- ❑10 Welfare / Temporary Assistance for Needy Families (TANF)
- ❑11 Work Incentives Planning and Assistance (WIPA)
- ❑95 Other agency − Specify: _____
- ❑96 None of the above

C7. With which of the agencies listed below does your state VR agency formally share data (e.g., customer data, financial data, provider data)?

- ❑1 Department of Corrections
- ❑2 Housing Authority
- ❑3 Local Education Authorities
- ❑4 Local Workforce Investment Boards (LWIBs)
- ❑5 Primary and Secondary Education incl. Special Education
- ❑6 State Intellectual and Developmental Disabilities (IDD) Agency
- ❑7 State Labor or Workforce Development Agency / State Workforce Investment Boards (SWIBs)
- ❑8 State Mental Health (MH) Agency
- ❑9 State Veteran's Administration
- ❑10 Welfare / Temporary Assistance for Needy Families (TANF)
- ❑11 Work Incentives Planning and Assistance (WIPA)
- ❑95 Other agency − Specify: _____
- ❑96 None of the above

C8. With which of the agencies listed below does your state VR agency formally share a common certification process for CRPs or other vendors?

- ❑1 Department of Corrections
- ❑2 Housing Authority
- ❑3 Local Education Authorities
- ❑4 Local Workforce Investment Boards (LWIBs)
- ❑5 Primary and Secondary Education incl. Special Education
- ❑6 State Intellectual and Developmental Disabilities (IDD) Agency
- ❑7 State Labor or Workforce Development Agency / State Workforce Investment Boards (SWIBs)
- ❑8 State Mental Health (MH) Agency
- ❑9 State Veteran's Administration
- ❑10 Welfare / Temporary Assistance for Needy Families (TANF)
- ❑11 Work Incentives Planning and Assistance (WIPA)
- ❑95 Other agency − Specify: _____
- ❑96 None of the above

C9. With which of the agencies listed below does your state VR agency formally share a common monitoring process for CRPs or other vendors?

- ❑1 Department of Corrections
- ❑2 Housing Authority
- ❑3 Local Education Authorities
- ❑4 Local Workforce Investment Boards (LWIBs)
- ❑5 Primary and Secondary Education incl. Special Education
- ❑6 State Intellectual and Developmental Disabilities (IDD) Agency
- ❑7 State Labor or Workforce Development Agency / State Workforce Investment Boards (SWIBs)
- ❑8 State Mental Health (MH) Agency
- ❑9 State Veteran's Administration
- ❑10 Welfare / Temporary Assistance for Needy Families (TANF)
- ❑11 Work Incentives Planning and Assistance (WIPA)
- ❑95 Other agency − Specify: _____
- ❑96 None of the above

C10. With which of the agencies listed below does your state VR agency formally share a common rate setting for CRPs or other vendors?

- ❑1 Department of Corrections
- ❑2 Housing Authority
- ❑3 Local Education Authorities
- ❑4 Local Workforce Investment Boards (LWIBs)
- ❑5 Primary and Secondary Education incl. Special Education
- ❑6 State Intellectual and Developmental Disabilities (IDD) Agency
- ❑7 State Labor or Workforce Development Agency / State Workforce Investment Boards (SWIBs)
- ❑8 State Mental Health (MH) Agency
- ❑9 State Veteran's Administration
- ❑10 Welfare / Temporary Assistance for Needy Families (TANF)
- ❑11 Work Incentives Planning and Assistance (WIPA)
- ❑95 Other agency − Specify: _____
- ❑96 None of the above

Section D: Post-VR Extended Services for Individuals with Supported Employment Outcomes

This section asks about your VR agencies' practices and arrangements for extended services for individuals with supported employment (SE) outcomes. This information will inform the state-by-state employment maps. It will also help us understand the role and impact of the VR and SE State Grant programs within the larger supported employment delivery system.

D1. For the most recently completed FY, please report the total number of customers, who were **closed with a SE outcome**.

#_____

Questions D2-D4 ask about types of extended services.

D2. Please report the percent of the total number of customers closed with SE outcomes, who are currently receiving natural supports only. Use the most recently completed FY for reporting purposes.

❑1 Specify %:_____
❑2 This data is not collected
❑3 No customers receive this service

D3. Please report the percent of the total number of customers closed with SE outcomes, who are currently receiving paid / funded services only. Use the most recently completed FY for reporting purposes.

❑1 Specify %:_____
❑2 This data is not collected
❑3 No customers receive this service

D4. Please report the percent of the total number of customers closed with SE outcomes, who are currently receiving a combination of paid / funded and natural supports. Use the most recently completed FY for reporting purposes.

❑1 Specify %:_____
❑2 This data is not collected
❑3 No customers receive this service

D5. Do any of your customers closed with SE outcomes receive any other type of extended service?

❑1 Yes- Specify service type:_____
❑2 No - **Skip to D6**

D5a. Please report percent of customers currently receiving this support.

❑1 Specify %:_____
❑2 This data is not collected

D6. Does your agency have a minimum hourly **work requirement** for SE outcomes?

❑1 Yes – Specify: _____
❑2 No

D7. Does your agency have a minimum hourly **wage requirement** for SE outcomes?

❑1 Yes – Specify: _____
❑2 No

Questions D8-D16 ask about different types of employment settings accepted as a SE outcome by your agency, even if on a case-by-case basis. Use the most recently completed FY for reporting purposes

See page 23 for a definition of each employment setting.

D8. Does your agency accept competitive employment with time-limited supports as a SE outcome? Please report the total number of customers closed with SE outcomes in this setting.

❑1 Yes, specify total # of customers:_____
❑3 Yes, but this data is not collected
❑2 No

D9. Does your agency accept individual supported employment as a SE outcome? Please report the total number of customers closed with SE outcomes in this setting.

❑1 Yes, specify total # of customers:_____

❑3 Yes, but this data is not collected
❑2 No

D10. Does your agency accept self-employment (entrepreneurism) as a SE outcome? Please report the total number of customers closed with SE outcomes in this setting.

❑1 Yes, specify total # of customers:_____
❑3 Yes, but this data is not collected
❑2 No

D11. Does your agency accept enclaves as a SE outcome? Please report the total number of customers closed with SE outcomes in this setting.

❑1 Yes, specify total # of customers:_____
❑3 Yes, but this data is not collected
❑2 No

D12. Does your agency accept mobile crews as a SE outcome? Please report the total number of customers closed with SE outcomes in this setting.

❑1 Yes, specify total # of customers:_____
❑3 Yes, but this data is not collected
❑2 No

D13. Does your agency accept facility-based work (e.g., sheltered workshops) as a SE outcome? Please report the total number of customers closed with SE outcomes in this setting.

❑1 Yes, specify total # of customers:_____
❑3 Yes, but this data is not collected
❑2 No

D14. Does your agency accept NISH / National Industries for the Blind as a SE outcome? Please report the total number of customers closed with SE outcomes in this setting.

❑1 Yes, specify total # of customers:_____
❑3 Yes, but this data is not collected
❑2 No

D15. Does your agency accept transitional employment for persons with mental illness as a SE outcome? Please report the total number of customers closed with SE outcomes in this setting.

❑$_1$ Yes, specify total # of customers:_____
❑$_3$ Yes, but this data is not collected
❑$_2$ No

D16. Does your agency accept time-limited paid work experience (e.g., internships) as a SE outcome? Please report the total number of customers closed with SE outcomes in this setting.

❑$_1$ Yes, specify total # of customers:_____
❑$_3$ Yes, but this data is not collected
❑$_2$ No

DEFINITIONS OF EMPLOYMENT SETTINGS

- **Competitive employment with time-limited supports**
  Where a person with a disability works in the competitive labor market, and may receive time-limited job-related supports.

- **Individual supported employment**
  Where a person with a disability works in the competitive labor market, and receives job-related supports on an ongoing basis.

- **Self-employment (entrepreneurism)**
  This includes self-employment, home-based employment, and small businesses. This category **does not include** a business that is owned by an organization or provider and is staffed by employees with disabilities.

- **Enclaves**

Groups of up to eight employees who have disabilities working together at a site, where most people do not have disabilities and where they receive ongoing job-related supports.

- **Mobile crews**

Groups of employees with disabilities who typically move to different work sites, where most people do not have disabilities.

- **Facility-based work**
  This includes sheltered workshops, and businesses owned and operated by an organization, where most people have disabilities.

- **NISH/National Industries for the Blind (NIB)**

This includes the AbilityOne Program that provides employment opportunities for people who have severe disabilities or who are blind.

- **Transitional employment**

Time-limited job placement in integrated settings for people with mental illness (e.g., Pathways Model, Fountain House).

- **Time-limited paid work experience**

This includes internships, apprenticeships, and contextualized learning opportunities in the workforce.

D17. Does your agency have a **separate** program for purchasing SE extended services?

❑$_1$ Yes – Specify program: _____
❑$_2$ No - **Skip to D18**

D17a. What is / are the **funding source(s)** for this program?

Specify:
_____

D17b. For the most recently completed FY, please report the **total amount** of funding for this program?

$_____

D17c. For the most recently completed FY, please report the total number of customers, who were supported in SE extended services by that program?

#_____

D17d. What population(s) does this program serve?

Specify:
_____

The next set of questions ask about the providers that deliver extended services to VR customers with SE outcomes, and about funding sources for SE extended services.

D18. Which types of providers, including the state VR agency, deliver extended services to VR customers with SE outcomes in your state?

❑$_1$ Individual natural support providers
❑$_2$ Non-profit providers
❑$_3$ Private for profit providers
❑$_4$ Public – local providers (county, city, town, or other municipality)
❑$_5$ Public – state providers
❑$_6$ Public – tribal-government providers
❑$_7$ State VR program
❑$_{95}$ Other type – Specify: _____
❑$_{96}$ None of the above

D19. What mechanisms does your state VR agency use to assure continuity of SE extended service delivery by providers, as the funding source shifts from VR to another entity post-VR closure?

❑1 Cooperative agreement and/ or contract with provider that specifies the types of SE extended services
❑2 Specific funding commitment via a purchase order, requisition, etc. and based on individual customers
❑3 Statewide interagency agreement
❑4 Verbal promise/ statement by the provider as documented in the case record
❑5 VR counselor discretion
❑95 Other mechanism – Specify: _____
❑96 None of the above

Questions D20-D27 ask about sources used to fund extended services for VR customers with SE outcomes.

Note: Individuals whose extended services were funded by more than one source should be counted in more than one category.

D20. Does your agency use Developmental Disabilities General Revenue to fund extended services?

❑1 Yes
❑2 No - S**kip to D21**

D20a. Is this source available across the state?

❑1 Yes
❑2 No

D20b. Please report the total number of customers whose extended services were funded by this source using the most recently completed FY.

❑1 Specify #:_____
❑2 This data is not collected

D21. Does your agency use Impairment- Related Work Expenses (IRWE) to fund extended services?

❑$_1$ Yes
❑$_2$ No -**Skip to D22**

D21a. Is this source available across the state?

❑$_1$ Yes
❑$_2$ No

D21b. Please report the total number of customers whose extended services were funded by this source using the most recently completed FY.

❑$_1$ Specify #:_____
❑$_2$ This data is not collected

D22. Does your agency use Medicaid Home and Community Based Waiver (HCB) to fund extended services?

❑$_1$ Yes
❑$_2$ No – **Skip to D23**

D22a. Is this source available across the state?

❑$_1$ Yes
❑$_2$ No

D22b. Please report the total number of customers whose extended services were funded by this source using the most recently completed FY.

❑$_1$ Specify #:_____
❑$_2$ This data is not collected

D23. Does your state use Mental Health General Revenue to fund extended services?

❑$_1$ Yes
❑$_2$ No – **Skip to D24**

D23a. Is this source available across the state?

❑$_1$ Yes
❑$_2$ No

D23b. Please report the total number of customers whose extended services are funded by this source using the most recently completed FY.

❑$_1$ Specify #:_____
❑$_2$ This data is not collected

D24. Does your agency use Mental Health Medicaid Rehabilitation Funds to fund extended services?

❑$_1$ Yes
❑$_2$ No – **Skip to D25**

D24a. Is this source available across the state?

❑$_1$ Yes
❑$_2$ No

D24b. Please report the total number of customers whose extended services are funded by this source using the most recently completed FY.

❑$_1$ Specify #:_____
❑$_2$ This data is not collected

D25. Does your agency use PASS (Social Security Work Initiative) to fund extended services?

❑$_1$ Yes
❑$_2$ No **– Skip to D26**

D25a. Is this source available across the state?

❑$_1$ Yes
❑$_2$ No

D25b. Please report the total number of customers whose extended services are funded by this source using the most recently completed FY.

❑$_1$ Specify #:_____
❑$_2$ This data is not collected

D26. Does your agency use Psychiatric Rehabilitation Option funded by Title XIX of the Social Security Act to fund extended services?

❑$_1$ Yes
❑$_2$ No – **Skip to D27**

D26a. Is this source available across the state?

❑$_1$ Yes
❑$_2$ No

D26b. Please report the total number of customers whose extended services were funded by this source using the most recently completed FY.

❑$_1$ Specify #:_____
❑$_2$ This data is not collected

D27. Does your agency use <u>any other source(s)</u> to fund extended services?

❑1 Yes- Specify source(s):_____
❑2 No – **Skip to D28**

D27a. Is this source available across the state?

❑1 Yes
❑2 No

D27b. Please report the total number of customers whose extended services were funded by this source using the most recently completed FY.

❑1 Specify #:_____
❑2 This data is not collected

D28. Are **social security cash benefits** (SSI / SSDI) being used to fund extended services for VR customers with SE outcomes?

❑1 Yes
❑2 No
❑3 Don't know

D29. With which of the agencies listed below does your VR agency have a **formal written agreement** to coordinate funding and / or service delivery for SE extended services to VR customers?

❑1 Local Education Authorities
❑2 Local Mental Health (MH) Agency
❑3 Primary and Secondary Education (including Special Education)
❑4 State Intellectual and Developmental Disabilities (IDD) Agency
❑5 State Mental Health (MH) Agency
❑95 Other agency - Specify: _____
❑96 None of these agencies

D30. Are there any populations for whom your agency is **unable to access funding** for SE extended services?

❑$_1$ Yes – Specify populations:

_____

❑$_2$ No

D31. Is there anything else that you would like to share to help us better understand how your VR agency operates within your states' public employment service system and your agency's arrangements for SE extended services?

_____

_____

_____

_____

The VR-RRTC will also be surveying state mental health and TANF agencies. Please identify a representative within each of those agencies who could be considered your counterpart.

Contact Information	Mental Health Agency	TANF Agency
Name:		
Email:		
Phone:		

Thank you very much for the time you spent answering these questions!

Please return the completed survey in the prepaid envelope to:

Institute for Community Inclusion
University of Massachusetts Boston
100 Morrissey Blvd.
Boston, MA 02125

If you have misplaced the return envelope, please contact the researcher Heike Boeltzig at 617-287-4364 or Heike.Boeltzig@umb.edu for a replacement.

APPENDIX C

CASE STUDY SITE VISIT CONTACTS

Note: The views and opinions expressed in this report are those of the authors. The individuals listed in this appendix should be contacted directly for questions pertaining to state VR agency data presented in this report. The contact information supplied below is publicly available and not confidential.

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New Mexico

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